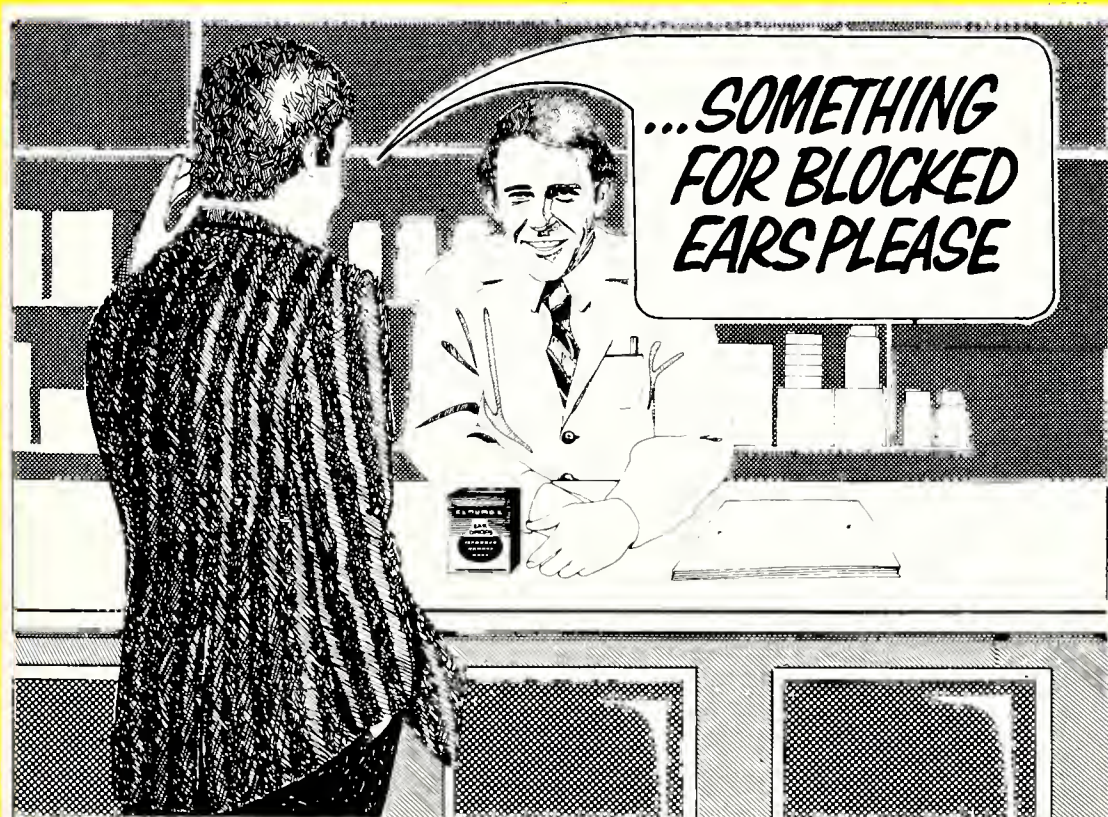


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CHEMIST & DRUGGIST

Incorporating Retail Chemist

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CONTENTS

- 807 Comment—Market research
—Lightweight
- 808 PSNC asks public what they want
- 809 Review Body essential in new contract
- 810 Drug information service from NI pharmacy?
- 813 The Xrayser column—we're in it together
- 813 People
- 814 Student intake cut to avert crisis
- 815 Little real growth in household medicines
- 816 Counterpoints
- 817 Prescription specialities
- 819 On TV next week
- 823 Business matters
- 826 The dangers of low stock levels
- 827 Letters
- 834 Chemists Federation to Clothier report
- 838 Self-medication retraining for the elderly
- 840 Ginseng factory opens in South Wales
- 840 Market news; appointments
- 841 Coming events
- 842 Classified advertisements

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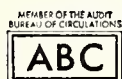
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11 November 1978

COMMENT

Market research

There is to be more research into the role of the general practice pharmacist, only this time members of the public—or rather, some of the public's often self-appointed representative bodies—are to be asked what *they* want from him by way of service (p808). Excellent: the more research the better, so long as the results do not end up on library shelves collecting dust, the fate of most of what has gone before.

Pharmacists have co-operated with surveys into the validity of their counter-prescribing. They have been subjected to *agent-provocateur* surveys by the Consumers Association, by "fake" potential suicide victims, and by the proprietary medicines industry. The public has been asked what it associates with the title "chemist" (more than once) and what it thinks of existing pharmaceutical services (many times). Where the public gets its medicines, its advice on medicines and what it does with its medicines, have all been investigated by some researcher or another. Again, excellent—but how much further forward are the profession and the service it provides to the public as a result? Hardly at all, we venture to suggest: so far most research has done little but provide fodder for the "talking shops" at seminars and conferences.

We hope that the Pharmaceutical Services Negotiating Committee has planned things better. Certainly it is "starting at the beginning" by finding out what the "consumer" expects from the pharmacist because, as Professor Michael Brown of Aston University told this year's BP Conference: "Pharmacy cannot invent a social need, it can only serve one." All these past research papers have in effect, provided one of the first steps in any marketing operation but, unfortunately, the profession has seemed largely incapable of pressing on to the further stages of such an operation. Pharmacy is a "product" in marketing terms and if it is to survive in a changing world it must itself adapt with market forces—it may even require a "relaunch" if the sales platform has to be changed drastically. Past research has confirmed that the product is valued by those who use it and for them lives up to its claims. But it hasn't the market share it could and should have—the "market" in this case being advice to the public and to other professions, and the sale of medicines.

To pursue the analogy, the market share will only improve with a rise in consumer awareness, brought about through advertising (the profession's national image and the ability of its spokesmen), through good display at point-of-sale (the appearance of the pharmacy and the attitude of the pharmacist) and through distribution (availability of service where the public needs it). Perhaps *this time* the intention will be to act on the research, not to shelve it along with the rest.

Lightweight

Having taken two months to formulate, it seems a pity that the National Pharmaceutical Association's comments on the latest proposed additions to the General Sale List are so limited (p808). Clearly the Board is right to highlight particular problems—such as salicylic acid in corn paints—and to reiterate its views about the sale of medicines in general. But surely the opportunity has been missed to criticise the uses to which the GSL is now being put (as *C&D* did August 26, p311)—uses for which it was never intended, such as the inclusion of a bladder wash!

PSNC asks public what they want

The Pharmaceutical Services Negotiating Committee is asking various consumer organisations for views on the kind of pharmaceutical service the public needs. Three main groups who most need chemists are the elderly, mothers with young children and the chronically sick and disabled, says PSNC. Help the Aged, the Pre-school Play Groups Association and the Disabled Living Foundation have therefore been asked for their ideas. The Association of Community Health Councils, the National Federation of Women's Institutes and the National Council for Social Services have also been approached to give a more general view and PSNC would welcome the views of any other organisations.

A comprehensive memorandum incorporating suggestions of groups will be drawn up early in the New Year. "PSNC will act swiftly upon any suggestions on which immediate action can be taken" says Mr A. Smith, PSNC chief executive. "Others may take more time or may even want negotiation with the Secretary of State to implement. But we are determined to give the public the service it needs and wants."

Midwife was 'acting as a pharmacist'

The name of a woman who never practised as a midwife since qualifying 15 years ago, was ordered to be removed from the Roll of Midwives last week after she had been found guilty of misconduct by the Central Midwives Board.

Mrs Mary Naraine, of Tankerville Road, Streatham Common, appeared before the board following her conviction at South Western Magistrates Court last December on five charges of unlawfully supplying substances at a pharmacy in Webbs Road, Battersea, of which she was general manager.

"She was acting as a pharmacist when she was not qualified as such," said Mr Mark Leigh, for the board. "The offences did not touch on the practice of midwifery."

Mrs Naraine did not attend the hearing, but wrote saying that she took prescriptions from five customers and told them to return when her pharmacist turned up. But he was late and customers "began fretting and being impatient". So she dispensed the prescriptions herself and handed out the medicines. The Pharmaceutical Society prosecuted her. She had learned her lesson and promised it would not occur again, added her letter.

Pharmacy inspector Mr George Norris said he found the prescriptions on the pharmacy bench on a routine

visit. "I had told her at least ten times since 1974 she cannot control a pharmacy herself and that she must have a pharmacist in control of the shop."

He said that until 1977 she was a director of a company operating five pharmacies. That company was struck off the Society Register. So she set up five separate companies covering those five shops. Mr Norris went on: "We have taken her to court six times over not having a superintendent pharmacist and that her shops were not controlled by a pharmacist."

Two of her shops had been struck off the Register. "But she still has three shops and can simply form other companies to run the other two shops." The Society could not take action against her personally because she was not a pharmacist, said Mr Norris.

Mr Roger Fenney, secretary of the board, said Mrs Naraine qualified as a midwife in 1963 and had never practised since her enrolment. She has three months to appeal against striking off.

Warner and P-D review terms

To show their concern about the future of retail pharmacy and the efficient distribution of medicines the Warner-Lambert group of companies, including William R. Warner and Parke-Davis, have sent new terms of resale to wholesalers and pharmacies. An acknowledgement slip is attached for wholesalers to return as agreement to observe the terms and to be recognised for full wholesale terms. The companies reserve the right not to supply goods or to review the allowable discount level if wholesalers do not reply by November 30.

The new terms state that persons reselling the companies' products must observe fixed prices, and no discount, dividend or gift, in cash or kind, is permissible without prior written permission. Warner P-D goods may not be taken into account for discount or rebate schemes. Similar conditions must be imposed on any customers to whom the goods are supplied for resale. The companies are the latest of several to review terms of sale agreements (see previous weeks).

Pharmacist charged over 'forgeries'

A pharmacist and two doctors appeared at Acton court on Monday charged with conspiracy to alter National Health Service prescription forms and forging prescription forms. They were Mr Sidney Solly Frankel, St Johns Wood Park,

London NW8, Dr Barry Michaels, Brim Hill, London N2 and Dr Max Skoblo, Orchard Ave, London N3.

The three are jointly charged with conspiring to defraud the Brent and Harrow Family Practitioner Committee by fraudulently altering and uttering NHS prescription forms for the benefit of themselves and conspiring together to defraud the Brent and Harrow Health Authority by presentation of forged prescription forms by false representation as to the nature and quantity of drugs prescribed by fraudulent means and devices. The bar to publicity was not raised and the case was expected to last five days if committed, would go to the Crown Court.

NPA comments on GSL proposals

The National Pharmaceutical Association has again pointed out to the Department of Health its "strongly held conviction" that medicines should be sold only from pharmacies.

A letter giving NPA's comments on the Department's proposed amendments to the General Sale List (C&D, August 26, p314) says, "The Board considers that this principle was firmly embodied in the White Paper that preceded the Medicines Act and any medicines included in the General Sale List should only be so included exceptionally. There is probably little doubt that any of the medicines listed for addition to Schedule 1 of the General Sale List Order is relatively harmless taken alone. But sight should never be lost of the possibility of interaction with other medicines, whether bought over the counter or prescribed. Simple analysis can, for example, mask disease symptoms or side effects of other drugs."

The NPA pointed out the particular dangers associated with the use of 12.5 per cent salicylic acid as a corn paint—especially if sold with inadequate directions and precautionary labelling—and recommended that these preparations be restricted to pharmacies.

The NPA also suggested that the maximum number of tablets to be sold in a pack from an automatic machine should be five, this being a suitable quantity to deal with any "emergency" requirement.

Dispensing doctors' drug costs inquiry

Police in North Wales are investigating the high drug costs incurred by dispensing doctors in a rural practice.

The doctors—Dr Brajarath Chowdhury and his son Sunilkumar—work in the Mostyn and Flynngroew area. Their drugs costs, at £23.52 per patient, are twice the Welsh national average. The Clwyd Family Practitioner Committee has completed a year-long internal inquiry into the practice and submitted documents to the police.

Review Body essential in new contract

There must be provision for a Review Body in any new contract introduced for pharmacists, believes Mr Alan Smith, chief executive, Pharmaceutical Services Negotiating Committee.

A new contract—which would reward efficiency and productivity and which was more individualised—is desperately needed, he told the National Pharmaceutical Association's Slough Branch recently. PSNC was convinced that the rise given to dispensing doctors this summer was a direct result of the Review Body procedure.

"We do not begrudge the dispensing doctors their rise of 3.1p per prescription, but in view of the vast difference between the net profit which doctors enjoy under the NHS compared with the very small net profit suffered by pharmacists it is imperative that pharmacy is not unfairly discriminated against."

The number of general medical practitioners rose by 1.6 per cent in 1977 compared with a drop of 2 per cent in the number of pharmacists. The number of doctors' salaried assistants rose for the second year running compared with a further drop in the number of second pharmacists employed, and the Review Body stated that "no individual doctor should be responsible for more than 2,000 patients: this implied a target average list size of 1,700 in the future." Against this reduction in the number of patients per doctor, the number of prescriptions per pharmacy was likely to rise by 2 per cent this year.

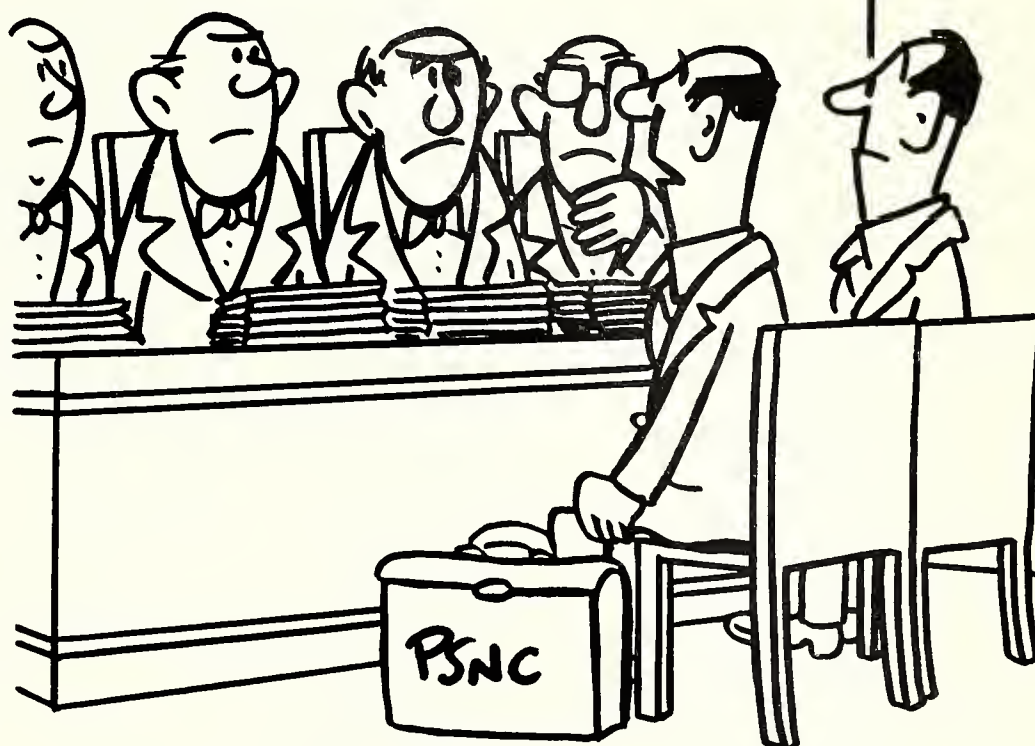
Inadequate reward

Turning to agreements reached with the Department in 1977-78, Mr Smith said that the global sum would have to be increased by £17.4 million (13.4 per cent) for the same fee per prescription and the higher percentage oncost to be paid this year compared with 1977. The average contractor saw that the percentage oncost had only risen by 0.8 per cent (from 10.5 per cent to 11.3 per cent) and the fee remained the same, so felt that he was not being adequately rewarded. However, the average contractor in 1978 would receive about 4p more per prescription because of the higher net ingredient cost and also a forecast 2 per cent increase in prescription volume. Unfortunately this extra money did nothing to alleviate cash flow problems because most of it was already spent on increased overhead expenses and additional capital.

Mr Smith warned that if the 1977 labour and overhead cost inquiry resulted in a lower amount due then a cut in remuneration was inevitable, that is, if the unit cost was reduced by efficiency and increased productivity the current contract ensured that the amounts due to contractors were also cut.

DEPARTMENT OF HEALTH

P. Sheen



"So that there are no misunderstandings this time, we've brought along an ASTMS interpreter"

Support for PSNC's 'industrial action'

Most of the contractors replying to the Pharmaceutical Services Negotiating Committee's letter last week (p761) are in favour of the proposed "industrial action".

PSNC had warned contractors that such action would be necessary if the Department of Health did not come up with a satisfactory offer on November 14. Those replying—both individual contractors and Local Pharmaceutical Committees—were about nine to one in favour of industrial action.

□ Mr Moyle is meeting PSNC "for further discussions" on November 14, a Commons questioner was told this week.

'Get to know your local councillors'

If more pharmacists got to know their local councillors, the problems of "leap-frogging" and rational distribution could be on the way to being solved, according to Mr George Baxter, a proprietor pharmacist in East London.

He has put forward a resolution to his family practitioner committee whereby when an application is made to open a new pharmacy in council-owned property, the council concerned should automatically contact the Local Pharmaceutical Committee to inquire about any problems that may arise.

Mr Baxter now has the opportunity to test out his policy. When he heard that planning permission for a pharmacy had been sought at a site between two existing pharmacies, he wrote to Newham Council stating the need for discussion in the matter. Last week he told *C&D* that he had just received a copy of the letter sent by the council's director of planning and architecture to the leader of the council. In this letter the director said that although it was not the councils' usual policy to discuss such matters, he saw the force of Mr Baxter's arguments and he would be "quite happy to participate in a group to monitor such developments in local health projects."

Mr Baxter, who will probably set up this informal group, is considering inviting a member of the Greater London Council to be an "observer" in the hope that the idea may spread to other London councils. He suggests that any pharmacist interested in the details of setting up such a group should contact him at 774 Barking Road, Plaistow, London E13.

Export surplus up

Pharmaceutical exports for the first nine months of 1978 totalled £489.2 million—a record and an increase of over 20 per cent on 1977 (£407.3 m). Imports at £145.7 m were up by 8 per cent but the surplus of exports over imports increased by 26 per cent to £343.5 m (£272.4 m).

Drug information service from NI pharmacy?

Turnover of the pharmacy at Brownlow health centre, Craigavon increased by about 25 per cent in the year ended March 31, 1978. Although some further increases were expected during the present year, they were not likely to be of this order, the directors reported at the ninth annual meeting of Northern Pharmacies Ltd.

Sales had risen from £97,588 to £122,885. Gross profit was £31,292 (£26,901 in 1977) and the net profit £4,580 (£4,288). The directors had reason to believe that the number of prescriptions dispensed at the pharmacy exceeded the number issued by the three doctors practising at the health centre. It would appear that residents in sector 1 of Craigavon who are on the patient lists of doctors outside the area are bringing their prescriptions to the Brownlow pharmacy for dispensing. Some of these patients are expected to transfer to the doctors practising at the health centre and soon a fourth will be required.

Efforts were being made to provide a drug information service at the pharmacy and the service would be available to doctors and pharmacists in the area. The staff of the pharmacy consisted of two pharmacists, one full-time assistant, two students and three part-time employees. A trust fund had been established and the first payment of £3,000 had been made just before the year ended on March 31, 1978. It was hoped that the fund would qualify as a charity as its objects were charitable and educational.

Payment to NI Society

At the meeting approval was given to the directors to make payment not exceeding £2,000 to the Pharmaceutical Society of Northern Ireland in respect of the year ending March 31, 1979 for secretarial and other facilities. Mr Kerr said the office staff spent a considerable time on work relating to the company. There was correspondence with solicitors and accountants, the engagement of staff for the pharmacy, meetings of the directors and occasional visits to the pharmacy. In the early years the Society had not been reimbursed and he thought it only fair that some annual payment now be made. In the case of any other company all this work would have to be paid for and a reduced profit would result. It would be wrong for the company's accounts to show a profit where, normally, no profit would accrue.

The retiring directors, Professor P. F. D'Arcy, Mr J. Kerr and Mr J. Knox were re-elected for a further period of three years. Reference was made to the resignation from the board of Dr D. J. Morrison on his taking up a position with the Department of Health and gratitude was extended to him.



Mr A. Hensey, MPSI (right), managing director, Addis (Ireland) Ltd, presenting the main prize for a dental health window display competition to Mr and Mrs E. McCaffrey, MPSI. Addis, through its agent, Gillespie & Co, sponsored the competition in conjunction with the Dental Health Foundation's dental health week. At the presentation, Mr F. Walsh, past president of the Pharmaceutical Society of Ireland, was chairman. Mr McCaffrey, Sligo, won a fridge-freezer; other winners included Mr Haire, MPSI, Kilkenny, P. McAuliffe, MPSI, Dublin, and Mr Barragry, MPSI, Dublin

Pharmacists' oral hygiene advice important

Pharmacists were important in advice on oral hygiene and should be encouraged to continue, said Mr Alistair Mackie, director general, Health Education Council. Speaking at the presentation of the Wisdom Dental Health Awards in London, this week, he suggested organisations such as the Pharmaceutical Society and Proprietary Association of Great Britain promote dental health advice in pharmacies. He recognised that many of the public turned to the pharmacist for health advice and indeed took that advice. "Pharmacists could do wonders" in promoting oral hygiene.

Eye-opener

Discussing the entries for the Awards, Mr Mackie said the promotion of dental health in the dental surgery was familiar enough, but to see it in such settings as the retail industry, as part of parentcraft, in the setting of pre-natal care and as an element in the training of teachers was an eye-opener. However, he warned, that it is happening in more places and settings and that more kinds of people are associated with it does not mean that it works. "We still have a very long way to go," he added.

Turning to the "real" causes of dental disease, they were the frequent ingestion of sugar and the presence of plaque at the gum margins, he said. He attacked the pressures of television advertising of confectionery which cost over 10 per cent of the entire value in money terms of the general dental service during 1977.

If the confectionery itself was added the retail value of £1,239 million was over four times the value of the dental service of £250m.

The Awards, on the theme "The delivery of practical prevention", were given in three categories with three awards in each. The first paper in each won £500, the second £200, the third £100. Addis also announced that they were supporting the scheme again in 1979 and may be widening the scope.

Retail Consortium for Europe

The Retail Consortium is planning to set up a European office with a newly appointed executive. A vital part of the work will be regular contact with key officials in Brussels.

The new branch will operate on a budget of £65,000 for 1979 with additional contingency funds for the future. Initially the new executive will be based in the Consortium's London office but may be transferred to Brussels if necessary.

Justification for new drugs

Mr Laurie Pavitt, MP, asked the Secretary of Social Services this week if he would require the Medicines Commission to be satisfied that there was some medical or economic justification before licensing new drugs. Mr Ennals replied that there were no proposals to amend the Medicines Act 1968 to allow the licensing authority to refuse a licence on the grounds suggested.

Get Set

Setting lotions of one form or other have been in use for thousands of years.

Basically they hold the desired shape of the hair by coating it while it is curled, unlike a 'permanent' which works on the actual structure of the hair.

When the coating is removed, the hair returns to its original shape, so it needs setting again after each shampoo.

Early ways

The first recorded setting medium was clay, used by the early Egyptians. This was eventually replaced by sticky emulsions made from seeds and gum extracts mixed with water.

Emulsions were in use for centuries until the birth of perhaps the most bizarre fashion of all—the monstrous, top heavy wig coiffures of the 1700's.

The wigs were set with a viscous gum mixture—a mucilage—and then whitened with copious quantities of flour! The fashion died when a government tax was introduced on 'the misuse of flour'!

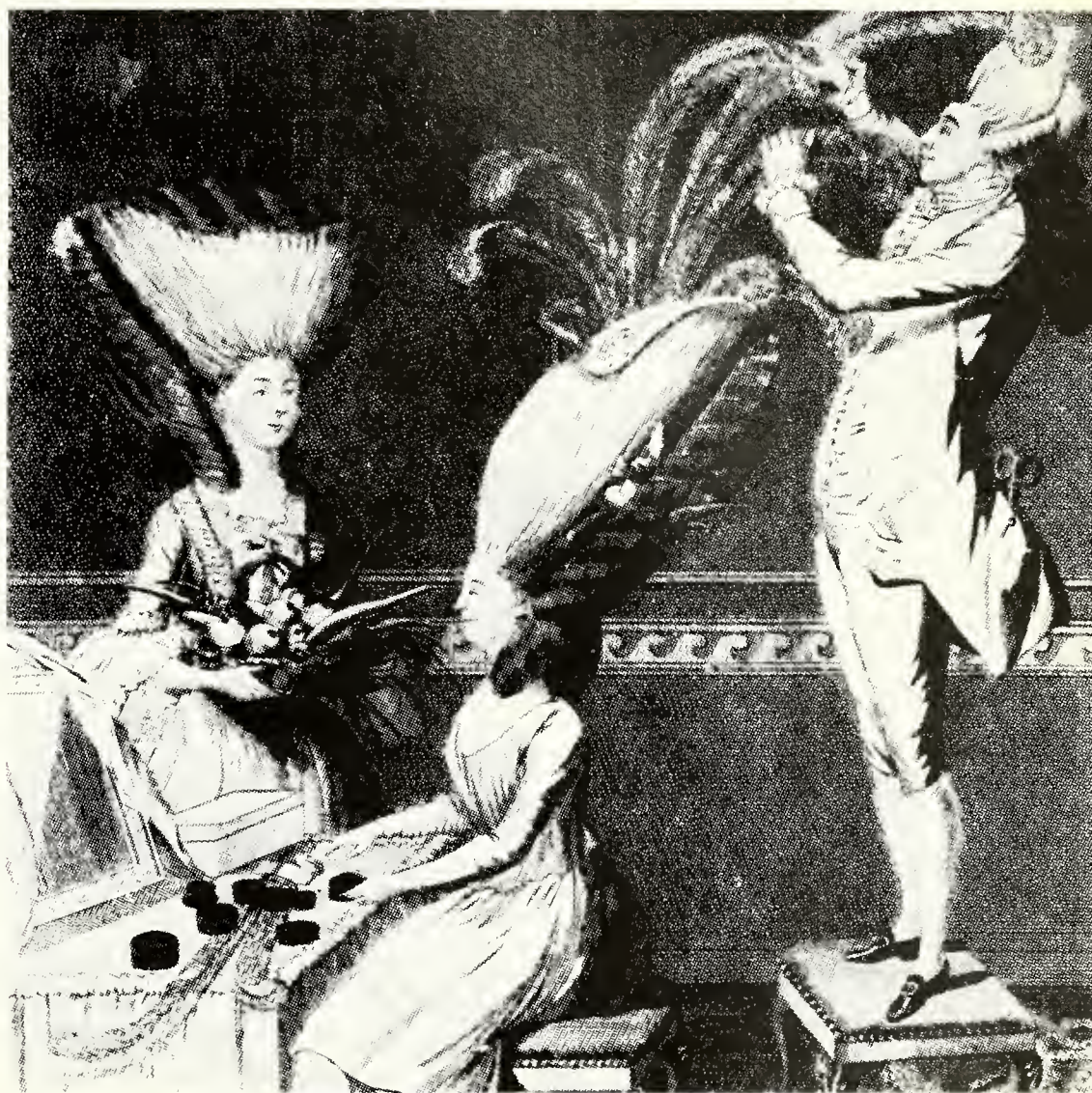
Since then the search for suitable setting lotions has included sugar and water mixtures and various gum extracts.

In the 1950's a lotion of plastic molecules suspended in alcohol was thought to be the answer. But brushing the hair cracked the coating and it disintegrated, literally, in a cloud of dust.

The gentle, non sticky lotion

The real breakthrough came with resin lotions, introduced by Wella in the '60's. Resin based lotions cover each hair with a protective but flexible coating, and help to improve the hair's texture and body. Also, resin coated hair is able to 'shrug off' moisture, so the set stays in longer.

Today Wella make a practical range of resin based sets to suit a variety of hair needs.



The Preposterous Head Dress. Caricature by Mary Darly, 1778.

A touch of colour

Wella also have a complete range of 'coloured' setting lotions—called Color Set. These add just a touch of cosmetic colour when the hair is set.

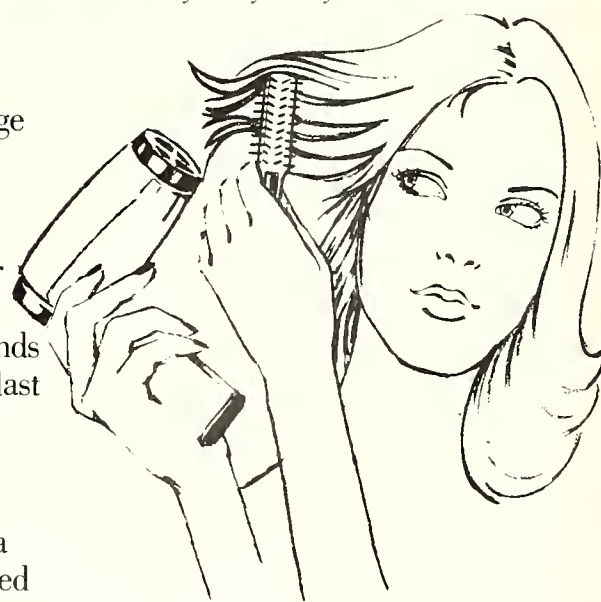
They work by coating each hair with resin to which colour has been added. It is semi-transparent, so it blends with the hair's own colour, and it will last only until the hair is next shampooed.

First with Blo-Dry

Another innovation from Wella—the first lotion specifically formulated for blow-drying.

Wella Blo-Dry coats each hair with a micro-thin moisturising film that contains a small amount of resin and conditioner.

This film protects the hair cuticle from the heat of the dryer, reduces friction and prevents 'flyaway' static. Result: hair is easier to coax into that



shiny casual look that has made blow drying so popular.

Wella Blo-Dry is also available with added colourants.

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	12 x small (340 gsm)	£2.07	34p	24p	22.3%
Andrews Liver Salts	12 x 4oz	£2.57		33½p	30.9%
Andrews Liver Salts	12 x 8oz	£4.38		57p	30.8%
Peacock Micromesh Tights 42"	6's	£1.14		26p	21%
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2071 - 2067

Mr John Charlton, who retired earlier this year as secretary of the Pharmaceutical Services Negotiating Committee, has been appointed secretary to the Lancashire Local Pharmaceutical Committee. Mr Charlton lives in Shipley and is an honorary member of the Pharmaceutical Society. The LPC post was previously held by the late Mr Andrew Medcalfe.

Miss Mildred Head, president of the National Chamber of Trade, and the **Hon John Sainsbury**, chairman of J Sainsbury Ltd, have been chosen to represent British retailers on a new Committee of Consultants for Trade and Distribution, formed by Vicomte D'Avignon, the commissioner responsible for industry and commerce within the European Community. The first meeting in Brussels will be on December 1. The subjects to be covered by the new Committee include import controls, consumer protection and the harmonisation of law within the Community.

News in brief

- The new rates of professional fees for oxygen therapy service (from September 1) are set out in FPN 201.
- Chemists and appliance suppliers in Scotland, in June, dispensed 2,912,084 prescriptions at an average gross cost of £2.39 per prescription.
- The Home Office direction, dated October 22, 1976, against Dr John Owens, All Saints Hospital, Birmingham, prohibiting him supplying, prescribing and administering Controlled Drugs, has now been suspended.
- The Guild of Hospital Pharmacists' experience of working with ASTMS was outlined to the London Group Pharmaceutical Executive by Mr Colin Hitchings and not as stated in our report last week (p760). Mr Hitchings attended the meeting in his capacity of Camden and Islington area pharmaceutical officer.
- C. P. Training Programmes have produced a series of audio-cassette aids for retailers featuring the television "Are you being served" team. Each pack (from £32.50 to £40 according to quantity) covers two selling skills with cartoon strip and text books and trainer's guide. Further details are available from C. P. Training Programmes, 11 Neals Yard, London WC2H 9DP.
- Video Arts are to launch three new training films—"Decisions, decisions" (a companion to "Meetings, bloody meetings"), "Who's in charge" (mainly for first-line management) and "Think yourself lucky" (safety). Previews are being held in Birmingham, (November 22), London (November 28), Manchester (December 5) Leeds (December 6) and Bristol (January 10, 1979). Details from Video Arts Ltd, 68 Oxford Street, London WIN 9LA.

by Xrayser

We're in it together

The letter contractors have received from PSNC on remuneration negotiations and "industrial action" makes all our detailed quibbles (such as my recent moan about the method chosen to repay over-deducted discounts) pale into insignificance. Now we have far more important things to work on.

Let us remind ourselves that the PSNC is a body composed of representatives of company and Co-operative pharmacies, and of independents, so that to have members representative of all contractor groups unanimous in finally accepting the need for positive industrial action is a remarkable advance. Tardy they have been, but how hard it has been for any of us to accept that civilised and reasonable discussions or negotiations don't carry any weight in the wrestling rings of power today. Many of us, individual proprietors particularly, have always felt that one of the reasons why we could not get together in combined action was that the large multiples would not support us. It is my belief that in fact the converse applies, the companies being afraid to commit themselves because they felt the very independent entrepreneur pharmacists would not go along with any action. I hope that the aggravations of the past two years and the continuing closure of yet more pharmacies have convinced even the most independent that there will be no long term security unless we manage to get a better return for our professional work and that action now, while there are still more than 9,000 retail pharmacies in business, is vital.

The PSNC, in accepting this at last, must surely regain the support of those who argued for union affiliation: As the *C&D's* comment pointed out last week, fees which would have to be paid to unions would be much better used by the PSNC whose total overheads are already paid by the Department of Health. In other words, a good deal of the money paid as union dues is drifted off to pay for union overheads whereas if the money were paid to the PSNC the whole lot could be used as a fighting fund, to support the weaker retailers if we have to take serious action, and for publicity . . . I think we will need such a fund.

Let us look beyond the immediate problems of today . . . I see no future for well over a third of us unless more acceptable terms of contract are obtained. We already find ourselves in a situation of decreasing professional income, we have chronic cash flow problems, and many are finding it impossible to think about retirement (without pension) since no-one, if any sort of premium is asked, will take on our pharmacies with their long hours and onerous responsibilities for an end reward which compares unfavourably with that of a lorry driver or a London "temp".

To support the PSNC effectively each of us will have to put aside our local rivalries. This business, which I feel myself, of saying, "If Ann Emps will do it, so will I . . . but only if she goes first" will have to stop. If we can act together we may survive into the foreseeable future. If not, with the present inadequate returns, one or other of us will fail or close—inevitably.

Publicity

One other thing is essential. Whatever we are asked to do must be supported by a massive publicity effort, with pamphlets for each patient, notices for windows; press, radio, and television cover, and contact with MPs at local level by members of LPCs directed by the PSNC.

I would prefer the PSNC to tell me what to do, rather than ask, for this would imply a firm and confident leadership at a time when we really need it. The knowledge that my competitors, company or private were with us would reinforce confidence enormously while contractors who were uncertain could be visited by LPC members to show the degree of support which could be available. Wholesalers too would need to be consulted, locally and nationally.

Finally I hope there will be a close liaison with the British Medical Association so as to minimise difficulties should serious action be forced on us.

PROFESSIONAL NEWS

Pharmaceutical Society of Great Britain

Student intake cut to avert manpower crisis?

Cutting the pharmacy student intake by 10 per cent for the next 10 years is the only practical means of averting a possible "employment problem" for pharmacists. Heads of the schools of pharmacy will be told this at their annual meeting with the Pharmaceutical Society this month. At the November meeting of the Society's Council the Manpower Committee recommended that full information on manpower and on the projected increase in numbers of pharmacists should be presented to the meeting.

The Committee noted that the total number of pharmacists on the Register had grown from 28,847 to 31,287 in the past 15 years. The annual death rate was fairly constant, but the rate of net deletions fluctuated widely from year to year, tending to increase each time the personal retention fee was raised. New registrations (including those under reciprocity agreements) were increasing fairly steadily. Overall, it seemed probable that the trend for the numbers of pharmacists to increase would continue if the present intake to schools of pharmacy was maintained, and an increase of around 3,000 pharmacists could be expected in the next 15 years if present registration rates continued.

Market saturation

Professor A. Stuart (the Society's statistical adviser) had said that the problem of overproduction would emerge quite suddenly when the market for pharmacists became saturated, by which time it would be too late to cut down on recruitment since there would be four or five years of students in the process of graduation and preregistration training. It was easier, he said, to take action before a crisis arose. Since the registrar of the Society did not have, and was unlikely ever to receive, powers which would allow him to refuse registration to a properly qualified applicant, the Committee took the view that the only practical means of control was voluntarily, through the schools of pharmacy. The Committee also recommended that students should be told that pharmacy graduates could expect no guarantee of the availability of preregistration training places to make them eligible for statutory registration as a pharmacist.

A survey of pharmacists employed part time is being carried out at present, it was reported to the Manpower Committee. In addition, a survey of unemployed pharmacists will be carried out in the spring of 1979.

The Society has informed the Department of Health that it would be willing to attend a meeting to discuss a pilot

study for a repeat prescription scheme within the National Health Service. The Department had invited the Society, the Pharmaceutical Services Negotiating Committee, and the British Medical Association to discuss the matter either jointly or separately. The general practice subcommittee recommended that the Society should emphasise to the Department the importance of the meeting being held between all the parties together.

The Council, on the recommendation of the general practice subcommittee, agreed to discuss with PSNC the possibility of suggesting a joint approach to the Department of Health concerning the introduction in England and Wales of a stoma management scheme similar to that in Scotland. Under the Scottish system, a stoma patient being discharged from hospital is given a sheet detailing the ostomy appliance and ancillary products prescribed for him. Copies are provided for his GP and pharmacist.

Decline of rural services

The general practice subcommittee considered an extract from a report on the decline of rural services, published recently by the Standing Conference on Rural Community Councils. The subcommittee noted that one of the recommendations of the report was that the Department of Health should continue to encourage dispensing by general practitioners in more remote rural areas. However, the report also pointed out that pharmacy provided more than just a dispensing service and that dispensing by doctors was of limited value. It was agreed that the authors should be informed that any increase in dispensing by doctors would automatically reduce the areas serviced by pharmacies. It was also agreed that the letter should refer to the advice currently available from pharmacies on general health care matters and subjects of general public interest, and should seek the authors' support to prevent an increase in dispensing by doctors.

Discussion of the rational location of pharmaceutical services by the general practice subcommittee will be continued at the next meeting of the subcommittee, by which time the views of the conference of local pharmaceutical representatives, to be held on November 26, will be known.

The Department of Health had not acceded to the Society's request that a regional pharmaceutical officer should be included in the membership of the health planning consortium being set up to study the health problems of London, it was reported to the Practice Committee.

In future, registration certificates for

members of the Pharmaceutical Society will bear a red seal. The change is being made in order to make the certificate more readily identifiable and to enable photocopied certificates to be identified easily.

Collection and delivery

An Order concerning the collection and delivery of dispensed medicines had been laid before Parliament and came into force on October 30, it was reported to the Law Committee. The Committee noted that the Order, The Medicines (Collection and Delivery Arrangements—Exemption) Order 1978 (SI 1978, No 1421), defined a collection and delivery arrangement in the same way as it had been defined in the draft statutory instrument, namely, as "any arrangement whereby a person is enabled to take or send a prescription by a doctor or dentist to premises other than a registered pharmacy and to collect or have collected on his behalf from such premises a medicinal product prepared or dispensed in accordance with such a prescription at a registered pharmacy", and did not incorporate the Society's suggested amendment, namely, the inclusion of the word "approved".

A warning letter is to be sent to a pharmacist who placed an advertisement conflicting with the Society's Statement upon Matters of Professional Conduct in a local agricultural show catalogue. The Ethics Committee discussed whether the advertisement fell within the exemptions granted to veterinary pharmacists, but agreed that as it did not advertise veterinary medicines it was not exempt. A superintendent pharmacist who had sent a notice to local doctors' surgeries stating that his pharmacy operated extended hours of service, is to be told of the Ethics Committee's disquiet.

A warning letter is to be sent to a pharmacist who sent a circular to members of the BMA stating that his pharmacy company was sponsoring the annual meeting and dinner of the local division of the BMA. The Ethics Committee considered that the pharmacist's action was in conflict with the Statement since the hospitality offered amounted to soliciting and/or advertising of business.

Same again branch grant

There will be no increase in the branch grant for the financial year commencing April 1, 1979. But the regional grant is to be increased by 10 per cent with effect from April 1, 1979; the regional conference grant will be increased by 1p per member with effect from the same date.

The Hospital Pharmacists Group Committee is discussing the hazards to staff of handling drugs and pharmaceuticals. The Committee recommended that the Health and Safety Executive should be asked what requirements had to be met in respect of producing specific instructions with regard to handling chemical and medicinal substances, and that the Association of the British Pharmaceutical Industry should be asked how the situation was dealt with in industry.

Little real growth in household medicines

The household medicines market has fluctuated around a five-year average of £74.2 million at constant 1970 prices, according to the November *Retail Business*, from the Economist Intelligence Unit Ltd. Using figures from the Association of the British Pharmaceutical Industry, the report notes, however, that in the past five years sales have doubled in value terms to £143m, until discounted by the price index to allow for inflation. Sales peaked in 1974, fell to a trough in 1976, and rose again in 1977.

As a proportion of total pharmaceutical output, household medicines have dropped steadily over the past 15 years; from 21 per cent in 1963 to 15 per cent in 1973 and 12 per cent in 1977.

Cough and cold remedies form the largest sector of the market, says the report, with cold-treating analgesics and nose and throat remedies together accounting for 40 per cent. "Plain" analgesics alone account for 19 per cent, and analgesics as a group occupy 26.5 per cent.

Digestive remedies, the next largest group, account for 14 per cent and antiseptics and skin treatments for 12 per cent.

In terms of average household expenditure, £7.19 was spent on remedies during 1977, split as £2.31 on nose and throat, £1.91 on analgesics, £1.01 on digestive, £0.50 on antiseptic creams, £0.40 on liniments and skin treatments and £1.06 on others.

Three company domination

The analgesics market is dominated by three companies, says the report which uses trade and EIU estimates.—International Chemical with Anadin, Reckitt and Colman with Disprin and Beecham's powders. The top end has remained stable for several years but advertising support is significant—15 per cent of sales, estimates the report. Within the £27m plain analgesics sector, Hedex was the only newcomer to show any real growth. Soluble preparations are thought to account for 18 per cent of the market. Besides Beecham's powders, challenges within the £11m cold treating analgesics sector have come from hot lemon preparations and the night elixirs. The cold relief sector is ideally suited to selling through grocery outlets—with sales of £2m.

In the £46.2m nose and throat remedies sector, cough liquids account for £18.2m, throat lozenges £23.5m, and nasal sprays £4.5m. Benylin is reckoned to have had 40 per cent of the cough sector with no consumer advertising expenditure. Its nearest rival, Venos, had a 5.5 per cent share and a budget of £250,000 for 1977. The throat lozenges section has expanded enormously, says

the report, especially through non-pharmacy outlets. Tunes are estimated to lead with an advertising spend of £370,000. Chemist-only brands are said to be important although they do not feature in the report's top eight products.

Mucron is the leading decongestant brand with Contac 400 and Coldrex following. Richardson-Merrell dominate the inhalers and sprays with their Vick and Sinex brands.

Five of the six leading indigestion remedies existed before 1939. Rennie is the undisputed leader (by *Retail Business*) with 40 per cent of the £8m tablets sector. That does not include the "upset stomach" preparations £8.5m of which Andrews Liver Salts hold 40 per cent.

Savlon is said to be the leader in the £5.4m skin ointments sector, with Germolene following (backed by £167,000 promotions). Haemorrhoidal antiseptics form a £2.8m submarket with Germoloids being the leader. Impregnated tissues are worth £1.3m with All Fresh the leader, but including Lantex, Germoloid and Zalguards. Clearasil leads the £5.5m acne treatment market.

A small but growing sector is the £8m vitamins and tonics market dominated by Sanatogen and Haliborange. The report says the future of this sector is bright because "vitamins carry obvious healthy overtones and no known ill effects".

□ *Retail Business* also publishes a company profile on Boots Co Ltd. It records that Boots' shopping area has increased by 25 per cent to 4.2 million sq ft in the past three years with a decrease of outlets from 1,306 in 1975

to 1,209 in March 1978. Boots, for three consecutive years has been the top advertiser, spending £4.26m on Press and television in 1976 and £5.83 in 1977. In 1977, counter sales increased by 17.8 per cent of which 2.8 per cent was volume growth. Sales in 1975 were £465m with pretax profits of £54.3m and in 1978 were £743m and £60.3m.

Soap prices

The Price Commission has allowed Procter and Gamble's proposed 5.5 per cent price increase for their range of retail soaps and detergents. The Commission does not propose any normal restriction on further price increases in the coming year but the company has given an assurance that it will not seek a price increase again for these products before July 17, 1979, unless faced with unforeseen costs.

Consulting service

A new consultancy service has been set up to offer free advice and guidance to companies manufacturing or supplying chemicals who wish to commission toxicity determinations with UK-based independent toxicology contract laboratories. In the UK, there are a number of independent laboratories offering a wide variety of routine tests ranging from short-term acute toxicity determinations to long-term chronic testing by whole-life studies in various animal species.

The consultancy service will select the laboratory or laboratories most appropriate to the client's requirements, bearing in mind the areas of specialist expertise of each laboratory. Further details from Dr P. Lewis, 25 St Margaret's Crescent, Putney, London SW15 6HL, England. Inquiries should state the nature of the substance requiring toxicity evaluation and the kind of testing needed.

Mr D. W. Higgins, MPS (left) from Tolworth in Surrey, being presented with a portable television set, the prize he won in the Unichem/Nicholas Laboratories "Kwells advertising slogan" competition, in which entrants had to supply the missing words from six television advertising slogans, and also suggest an appropriate slogan for Kwells. The slogan devised by Mr Higgins was "calm your qualms with Kwells". The presentation is being made by Mr John Speller, Unichem's general sales manager



COUNTERPOINTS

Warner and Parke-Davis sales forces reorganised

The Warner-Lambert (UK) medical field forces are being reorganised from December 1. The Warner P-D retail division will have sole responsibility for trade business of Parke-Davis and William R. Warner in pharmacies throughout Great Britain. The sales manager will be Mr Roy Newnham. The Parke-Davis prescription products (sales manager Mr Charles McLaughlin) and the William R. Warner prescription products (sales manager, Mr Cecil Bond) forces will be detailing hospital and general practice doctors. They will also pay courtesy calls.

All William R. Warner and Parke-

Davis medical products will be distributed from Pontypool. Products of both companies may be ordered, either direct or through a representative, and will be delivered, together but two invoices, one for each company, will be raised. One statement will be issued and orders in excess of £100 will qualify for 5 per cent discount. The medical inquiries should be addressed to Pontypool and remittances should be forwarded to Warner P-D, Credit Control Department, Chestnut Avenue, Eastleigh, Hants SO5 32Q. Warner-Lambert (UK) Ltd, Usk Road, Pontypool, Gwent NP4 8YH.

Freelance reps

For companies which do not have a sales force to call on independent pharmacies, a new service is being introduced in January, 1979. Brian Coles (Marketing Services) Ltd are employing 25 salespersons to call on 4,000 pharmacies on a regular eight-week cycle. At a cost of £0.88 per call, they will be able to sell a maximum of three products from a maximum of three companies—all

3,500 of the vacuum formed five-product Richardson-Merrell "Winter range" dispensers shown below, have been distributed throughout the UK. The dispenser is 24in high and has been designed to hold stocks of Medinite, Cough Calmers, Vapo Rub, Sinex and Vicks double action. The display incorporates an enclosed section for Pharmacy Only products (Richardson Merrell Ltd, 20 Queensmere, Slough)



orders will be placed through a wholesaler nominated by the pharmacy. In addition the wholesalers will be contacted to check if the products are in stock.

Point-of-sale material and samples will also be left at the pharmacy where appropriate. In addition, for £0.05 a call a company which did not compete with the three products being sold could have their coupons or point-of-sale material delivered to the pharmacies. Mr Coles says he has used the system for independent grocers with success and feels that it would be even more appropriate for pharmacies. In the grocery trade wholesalers have used his service to distribute to retailers coupons redeemable on subsequent purchases—something Mr Coles suggests could be of value to chemist wholesalers. Brian Coles (Marketing Services) Ltd, Albany House, Hurst Street, Birmingham B5 4BJ.

Maxi Dri toy offer

Maxi Dri kitchen towels are offering a double promotion for the lead-up to the pre-Christmas buying period—4p off and a special offer for the, almost child-proof, pressed steel, Tonka toys.

The three Tonka toys are exclusive to Kimberly-Clark and are offered only on the special Maxi Dri packs. The toys are a pick-up truck at £6.85 (suggested retail price £1.50); a fire engine at £0.99 (suggested retail price £1.95); and an articulated freighter at £1.45 (suggested retail price £2.95).

Brian Wright, group product manager at Kimberly-Clark commenting on the kitchen towel market, says "this year, the market has been growing steadily after a period of static sales when the household budget was being squeezed".

In the first six months independent industry research figures show that the total kitchen towel market increased by nearly 12 per cent and within this total, the branded share grew even faster, almost 14 per cent. Kimberley-Clark Ltd, Larkfield, Nr Maidstone, Kent.

Clairol's Hot Rod and Powerstyler



The Clairol appliances division of Bristol Myers, have launched two new hair appliances called the Powerstyler and the Hot Rod.

The Powerstyler is a high speed dryer and styler in one. It comes with a power handle and three styling attachments: a spine brush for de-tangling, a round brush for curling and a directional nozzle. There are two drying speeds—900 and 450 watts.

The Hot Rod is a dry styling wand which is said to heat up ready for use in 60 seconds. It also features other benefits usually found in steam wands—multi-voltage, no tangle swivel cord and a non-stick barrel. It is red and white and available in a black self merchandising pack.

A television commercial promoting the Hot Rod begins on November 20 and runs for four weeks. Bristol-Myers Co Ltd, Stamford House, Station Road, Langley, Bucks SL3 6EB.

Almay skin care winter bonus

Winter weather can have a devastating effect on the British complexion so special care is needed now. With this in mind Almay are giving an incentive to their customers by offering a selection of some of the most popular products in special sizes as well as a combination pack.

Five products from Almay's skin care range will be available in lightweight packaging, containing almost twice the normal amount for the usual retail price. The products are: moisture cream (£1.50), cream cleanser (£1.65), extra creamy cleanser (£1.75), extra moisture guard (£1.95) and gentle skin toner (£1.50). Almay are also offering a combination pack of moisture lotion and skin tonic suitable for normal and combination skin types (£1.65). The Almay skin care bonus offers will be available from mid-December while stocks last. Almay (London New York), 225 Bath Road, Slough, Berks SL1 4AU.

Three for two from Wilkinson

In a bid to increase their share of the growing disposable razor market, Wilkinson Sword are offering consumers the incentive of three Close and Easy twin blade disposable razors for the existing recommended price of two razors for £0.19. The free extra razor and existing Close and Easy card bearing two razors are packed in clear plastic bags enhanced by a header card with a "free—one extra razor" flash.

The special offer begins this month and continues through the winter while stocks last. The Close and Easy brand is being supported by a £500,000 television and radio campaign during the pre-Christmas period. *Wilkinson Sword Ltd, Sword House, High Wycombe.*

Teddy bear offer from Heinz

With less than 60 shopping days to Christmas, Heinz are offering big savings on four teddy bears made by Chad Valley. Until the end of the month, mothers are invited to collect and send in labels from any variety of baby food. On offer at reduced prices are the traditional teddy bear family—daddy, mummy and baby bear—plus a newcomer called Huggy bear. This character will be advertised nationally by Chad Valley during the Christmas period. Point of sale material is also available. *H. J. Heinz Co Ltd, Hayes Park, Hayes, Middlesex.*

Agfa camera offer

Agfa-Gevaert are offering gifts to camera purchasers. From November 1 until January 31, 1979, every buyer of an Agfamatic camera can receive an Agfa-color 110 colour print film and a guide to flash photography by Philips. The guide provides simple information, with diagrams, on flash photography. The consumer offer will be advertised in the *Daily Mirror, Mail, Express, Sun*, and *Glasgow Daily Record* and through point-of-sale display material. *Agfa-Gevaert Ltd, 27 Great West Road, Brentford, Middlesex.*

Mum's wine competition

Bristol-Myers are organising a wine competition for Mum antiperspirant deodorant. Leaflets with an entry form will be available at point of sale. Consumers have to re-arrange jumbled letters into the names of five famous wines, complete a tie-breaker and send in the entry with a label from any Mum deodorant.

The winner will enjoy a £500 wine tour



holiday of their choice, and there are also twenty runners-up prizes of "The world atlas of wine." Special display material and dump bins promoting the competition are available. The closing date is December 31. *Bristol Myers Co Ltd, Stamford House, Station Road, Langley, Bucks SL3 6QB.*

Cupal freshener

Cupal Ltd have introduced the Astral space freshener gel in a spring flowers fragrance (£0.45). *Cupal Ltd, Pharmaceutical Laboratories, Blackburn.*

Jacquelle bags

There are four new Jacquelle ranges of make-up purses and holdalls now available from Jackel & Co Ltd. Called Cascade, Rosalind, Nightbloom and Babylon they are made of top quality materials in a variety of styles all with sponge proof linings. Nightbloom (£0.99-£4.65) has a floral pattern set against a black background and Babylon (£1.09-£4.99) is made in satin cotton in muted colours. *Jackel & Co Ltd, Kitty Brewster Estate, Blyth, Northumberland.*

Stronger Luride

The concentration and container size of Luride drops have been amended to aid dosage administration. The concentration has been increased from 0.1mg to 0.125mg fluoride ion per drop allowing a common dose of 0.25mg from two drops (previously either two or three drops were possible—either side of the dose). The contents have been reduced from 40ml to 30ml and the price remains the same at £0.70. *Hoyt Laboratories, Colgate-Palmolive Ltd, 76 Oxford Street, London W1A 1EN.*

Septrin imprints

To aid identification and help patients adhere to prescribed dosage, the name "Septrin" is being imprinted on Septrin tablets and Septrin dispersible tablets, in addition to the usual coding. Septrin Forte tablets will carry the imprint Septrin forte on the reverse face to the coding but Septrin paediatric tablets are not affected. *Wellcome Foundation Ltd, Temple Hill, Dartford, Kent DA1 5AH.*

New Dista packs

Dista Products Ltd are currently involved in the change-over of their existing label design to a new easy-to-read format. The introduction of this new design started with the Fenopron 600 pack launched in February this year, followed more recently by the Haelan range. Distalgesic, Ilosone and the remainder of Dista products will be appearing in the new style design during the next few months as supplies of the old designs are exhausted.

As there is no change in the products themselves, it is not intended to re-pack or offer credit on stocks held by pharmaceutical wholesalers and pharmacies. *Dista Products Ltd, Fleming Road, Speke, Liverpool L24 9LN.*

Debendox blisters

Debendox in packs of 50 are now being blister-packed. The price is unaltered and pharmacists should use existing stocks of the bottles before distributing the new packs. *Merrell Division, Richardson Merrell Ltd, 20 Queensmere, Slough, Bucks SL1 1YY.*

Berk prices

Berk Pharmaceuticals Ltd have decreased the prices of the following products, with effect from November 9: Berkozide 5mg tablets, 100 (now £0.68 trade), 1000 (£6.60); Melitase 100mg tablets, 500 (£7.15) and Melitase 250mg tablets, 500 (£15.45). *Berk Pharmaceuticals Ltd, Station Road, Shalford, Guildford, Surrey GU4 8HE.*

COPTIN suspension

Manufacturer Pfizer Ltd, Sandwich, Kent

Description A suspension containing trimethoprim 45 mg and sulphadiazine 205 mg (cotrimazine) in each 5 ml

Indications As for Coptin tablets

Dosage *Adults and children over 12*—10 ml every 12 hours; *children 5-12*—5 ml every 12 hours; *children 3 months-5 years*—2.5 ml every 12 hours. To be given for 10 to 14 days

Dispensing diluent Syrup

Packs 100 ml (£2.36 trade)

Supply restrictions Prescription only

Issued November 13, 1978

COUNTERPOINTS

Pre-Xmas 'super service operation' from Yardley

Yardley maintain that of all fragrance products sold in a year, over half the standard line business is done in November and December. Recognising this they have decided to offer a 48 hour delivery service just before Christmas, so that stockists can replace products almost immediately, at a time when it is needed most. They are setting up a "super service operation" at their Basildon factory for special orders on their four newest fragrances, 5am, Je Suis, Chique and Laughter. The "super service operations" room will have seven "hot" lines and seven "super service girls" operating those lines. Each girl will cover one of the seven sales areas of the country and salesmen will have their own girl to contact.

Sales director, Graham Buckley, who has instigated this service, maintains that the same day the order is taken by the salesman it will be despatched via the Post Office Data Post system and is guaranteed

to arrive within 48 hours. A test run of the system was carried out by Yardley before settling on this expensive but highly recommended method. The service to customers is being provided free. There will also be extra television advertising support—approximately £600,000 backing the products.

Marketfact, the weekly digest of marketing news and information, has just reported that sharp increases in the quantity and direction of consumer spending are predicted by the Henley Centre for Forecasting. The forecast stresses the need for retailers to stock up to meet tax rebates, expected in November and December. With this in mind, Yardley feel that they are leading the way with their "super service operation"—an operation, they say, which is a test for future years where the changing pattern of selling has to be met immediately. *Yardley of London Ltd, Miles Gray Road, Basildon, Essex SS14 3BZ.*

Lentheric's got It

Lentheric's new fragrance, It is currently being advertised with a national television campaign. The company says that the concept and product are the result of "extensive testing" among the target group of 16-25 year old women.

The campaign which is worth £250,000 and whose theme is; "if you've got it . . . flaunt it", will run until Christmas. It is being supported with a counter merchandising unit and an introductory offer on a trial size (£0.95). The fragrance range comprises five items, two sizes of parfum de toilette spray (25g £1.99, 50g £2.99) a still version (25ml £1.85), concentrated parfum (£3.50) and perfumed talc (£0.99). *Lentheric Morny Ltd, Vale Road, Camberley, Surrey.*

Kitemark for Jeyes

Jeyes Ltd have been presented with what is described as the first ever licence to use the Kitemark of the British Standards Institution on disinfectants.

The licence certifies that Jeyes disinfectant products—Ibcol natural, lemon and pine; industrial strength Ibcol Extra and Jeypine—conform to the British Standard 5197 for aromatic disinfectant fluids. It also entitles the company to display the now famous Kitemark of BSI certification on the packaging. "This means," says the company, "that there is now a visual guarantee that these disinfectants are of a given quality and have practical value as opposed to being merely cosmetic by exuding a pleasant smell." The guarantee is based on results

of independent tests on the products carried out by Albury Laboratories Ltd of Guildford and on a factory inspection of the Jeyes plant in Thetford. In addition a scheme of supervision and control had to be agreed between Jeyes and the BSI to ensure continued compliance with the licensing regulations. All the company's test methods are already based on the BSI 5197. *Jeyes UK Ltd, Brunel Way, Thetford, Norfolk.*

Oral-B unit

A two-platform self-service display unit is available from Cooper Health Products Ltd, intended to show the Oral-B range of toothbrushes with dental floss and disclosing tablets. The unit indicates which brush size is suitable for the different age groups. *Cooper Health Products Ltd, The Firs, Whitchurch, Aylesbury, Bucks HP22 4JU.*



Self service units for K-Y Jelly



K-Y Jelly is currently being supplied in self-service counter display units. Echoing the product's dark blue, red and white packaging, the two units cater for the 42g (£0.64) and 82g (£1.04) sizes.

Independent research recently conducted for Johnson & Johnson, showed that pharmacies displaying K-Y Jelly on the counter achieved 2½ times as many sales as those which did not. Comments brand manager Chris Melbourne: "Our consumer advertising campaign has created an increased awareness of the product benefits among women, many of whom are nevertheless embarrassed to ask for the product." *Johnson & Johnson Ltd, Slough, Berks.*

Ear-rings offer from Panty Pads

Panty Pads, the press-on towel from Lilia-White, are offering £0.88 off next purchase, plus the opportunity to obtain sterling silver ear-rings worth £3.00 for £1.50. This latest on pack offer is on 10s only of regular, super and super plus, available until November 30. Coupons will be redeemed with the usual handling allowance and will be valid until December 31, 1979. *Lilia-White Ltd, Alum Rock Road, Birmingham B8 3DZ.*

Vestric film offer

Vestric are offering 7 per cent off trade prices on £60 of assorted Kodak films, and reduced prices on several Kodak cameras. *Vestric Ltd, Chapel Street, Runcorn, Cheshire WA7 5AP.*

Carmen add a hairdryer to their Compact range

Continuing their compact styling Carmen are introducing the Compact 1000 (£12.95). This is described as a high speed, lightweight hairdryer which is small enough to fit into a handbag. Carmen stress however that less size does not mean less power and that they have managed "to fit a quart into a pint pot" with 1000 watts of power in this 6½in hair dryer.

There are two air flow settings, 1000 watts for drying, 500 watts for styling plus a concentrator nozzle.

The company is running an advertising campaign in national newspapers from December 4. Whole pages in the *Sun*, *Daily Mirror* and *Daily Express* are being used to sell three of the company's most popular products: Pro 1000, Compact Curl and Cascade 20. *House of Carmen Ltd, Carmen House, Deer Park Road, London SW19 UX.*

Looking good with Eye Dew

Tying in with the £150,000 national advertising campaign on posters and radio, Optrex Ltd are promoting Eye Dew drops with a competition entitled, "Look a \$1000".

The first prize will be the equivalent of \$1,000 for the winner to spend on a "total new look" whether on clothes, jewellery, hair or make-up. In addition 20 runners-up will win record vouchers worth the equivalent of \$40.

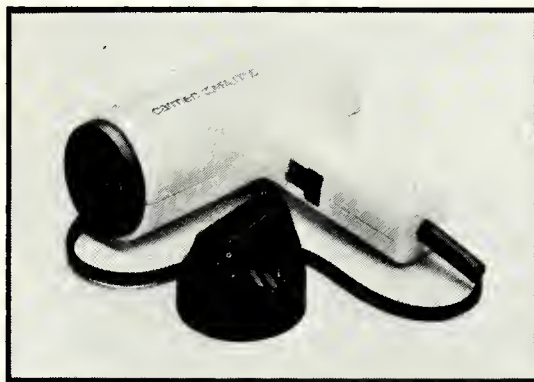
The competition involves consumers studying a leaflet available with the product. Six pairs of eyes, each with a different expression, have to be matched to song titles. There is also a tie-breaker sentence to complete. *Optrex Ltd, City Wall House, Basing View, Basingstoke.*

Geminesse kit

Geminesse are offering consumers the chance to purchase the Geminesse beauty traveller; a complete colour cosmetic kit containing Geminesse eye shadows, lip colours and a blusher plus applicators and a mirror. The kit is available from November (£3.50) while stocks last, with any Geminesse purchase.

The traveller contains five enriched moisturising glowing shadows—golden taupe, moonbeige, wild dove blue, sunny green and autumn blush plus one enriched velvet shadow in chestnut. The two enriched cream lip colours are toasted maple frost and sienna rose. Finally, Geminesse have included a transparent cheek colour in bronze blush.

The Geminesse beauty traveller is pre-



sented in dark brown, tortoise tone compact, screened with the Geminesse logo in gold on the lid. *Max Factor Ltd, 16 Old Bond Street, London W1A 3AH.*

Sauflon two

Sauflon Pharmaceuticals Ltd have added two new products to their range for contact lens wearers. These are Stericlens gel (4ml tube £0.40) and a Steri kit which comprises a total solution and a case (£1.75). *Sauflon Pharmaceuticals Ltd, 14 Childs Place, Earls Court, London.*

Tangee ranges

Tangee are introducing two new toiletry ranges called Windflower and Celandine. There will be a spray mist cologne (28g £1.30), a luxury talc (75g £1.30) and a gift coffret of both products (£2.60) available. *Winarick (UK) Ltd, Unit 15, Heywood Industrial Estate, Heywood, Lancs.*

Polaroid sign up Danny Kaye

The Polaroid Corporation have signed Danny Kaye to be their spokesman for Polavision. This is said to be the first time that Danny Kaye has agreed to speak on behalf of a commercial product. *Polaroid (UK) Ltd, Ashley Road, St Albans, Herts.*

Murphy's plan an advertising burst

Murphy Chemicals Ltd are planning a national advertising campaign commencing in February 1979. The campaign will be worth £300,000, the largest the company has ever undertaken. The schedule includes full colour advertisements in leading gardening magazines and consumer journals and is backed by a comprehensive range of sales aids, dispensers and display units. There will be new look packaging which is said to have been modernised to achieve easy self-selection by the customer.

Since their takeover by the Dalgety

Group in December 1977, Murphy have undergone a complete rationalisation and expansion programme designed to establish their name as a dominant force in the growth market of garden care products. *Murphy Chemical Co Ltd, Wheathampstead, St Albans, Herts.*

Fabergé news

Fabergé are offering consumers a price saving on Babe bath powder. Instead of £3.95, it will be available for £1.95. Also on offer from Fabergé from November will be the Cavale Monte Carlo gift set. With any purchase of £10.00 or over consumers will be given the set which comprises five products; a 28ml eau de toilette, mini soap, mini talc, mini hand and body lotion and mini foam bath.

An after bath powder is also being added (£5.95) to their Cavale range. They are also offering Babe customers a reduction on two of the brand's most popular lines. For £1.25 purchasers will receive a pack containing a lip colour or lip gloss plus a Ceramic Glaze nail colour (a saving of £0.75). Fabergé are also making available global talc shakers (85g £0.99) in four fragrances and colours, Babe (pink), Aphrodisia (green) Flambeau (red) and Fleurs du monde (white). *Fabergé Inc, Ridgeway, Iwer, Bucks.*

Hand Factor

A bargain size of Max Factor's special formula hand creme (350ml £1.50) will be available during the January sales next year. The bottle is available with a pump dispenser. *Max Factor Ltd, 16 Old Bond Street, London W1A 3AH.*

ON TV NEXT WEEK

Ln—London; M—Midlands; Lc—Lancashire; Y—Yorkshire; Sc—Scotland; WW—Wales and West; So—South; NE—North-east; A—Anglia; U—Ulster; We—Westward; B—Border; G—Grampian; E—Eireann; CI—Channel Island.

Airbal Breathe Easy: All areas

Anadin: All except U, E

Beechams powders: All except E

Blue Stratos: All areas

Close & Easy: Ln, M, Lc, Y, NE

Complan: Y, Sc, WW, A, We, B, G

Disprin: All areas

Fenjal: Ln, So, WW

Head & Shoulders: All except Ln, WW, NE, B, G, E

Mandate: Ln

Mentho Lyptus: All except U, E

Night Nurse: All except E

Old Spice: All areas

Philishave: All areas

Sucrets: Sc

Venos: All except E

A BIG BLOW OUR COME

New Sunsilk Blow & Style Lotion



OW TO ALL PETITORS

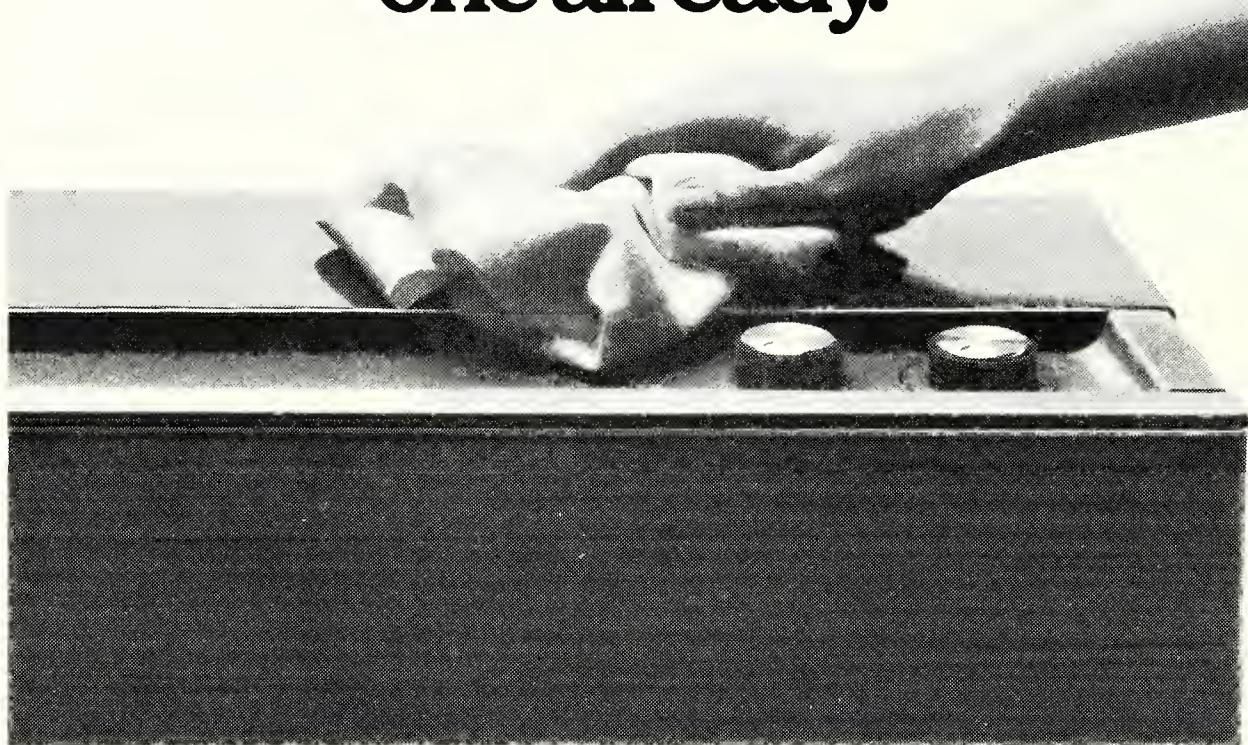
Sunsilk is introducing a brand new product called Blow & Style Lotion. It's a clear liquid specially designed to work with a blow dryer. And more and more younger women are demanding it. With Sunsilk holding No. 1 position in the market, this is a product they can really have confidence in. And we're pushing it hard. With a major national press campaign. A competitive price of 55p*. And, to make sure we get all the young users, a special trial offer price of 43p. So add Blow & Style Lotion to your Sunsilk range and watch it blow your sales up higher than ever.

*Manufacturers recommended selling price.

Sunsilk

Elida Gibbs  The brands that mean business.

We'd give you a maintenance kit with your storage heaters, but you've probably got one already.



If you're considering installing some form of heating and think you can get hold of a duster, then an electric system could be just what you're looking for. In particular, storage heaters.

They require no routine maintenance. So there's no need for a maintenance contract, or your having to arrange for regular visits.

Mr. John Grimwade, director of J. H. Grimwade and Son Ltd., Ipswich, has had an electric heating system for over 20 years. And it hasn't gone wrong once.

As for installation, you'll find electric storage heaters far less messy than other systems. You don't have to tear your place apart

because there are no flues, boilers, pipes or extra ventilation to worry about. Just a question of some simple wiring.

Last but not least, money.



It may surprise you to know that the capital outlay for electric heating can be significantly less than for any other comparable system. And when our specialists have advised the right tariff for the job, together with thermal insulation, you'll find running costs can be kept to a minimum.

Why not contact your Electricity Board office or shop? Or dial 100 and ask the operator for **Freefone 2284**. You'll be put in touch with one of our commercial heating specialists who'll give you all the information and advice you need.

HEATELECTRIC

The Electricity Council, England and Wales.

BUSINESS MATTERS

Confusion over pay policy— is it legally binding?

by Paul Hilden*

Many businesses are not clear how they stand in relation to government pay policy from a legal point of view. The first thing to realise that what is known as the Government's Pay Policy is not contained in legislation as such but is set out in a White Paper.

There is, therefore, no legally binding obligation on employers to keep to the pay "norms" laid down by the government when settling their employees' pay.

This applies both to the White Paper injunction not to allow pay settlements to be more frequent than once every 12 months and the limit set on the maximum amount the pay bill can rise due to any one settlement (whether this sum be 5 per cent or 10 per cent or any other figure that the government sets out).

However, although there are no legal penalties that can be imposed on a business if it breaks these norms—and the situation can arise where a firm requires to keep specialist staff and gives increases which takes the pay bill above the "norm"—nevertheless the government can impose sanctions on the firm concerned.

Whether these sanctions are morally justified or not is another question. However, where a firm comes under the aegis of the Price Commission if it wishes to raise the prices of its products or services, whether or not it has kept within the government pay norms will be taken into account in allowing price rises. Again, where the government has discretion to give grants (eg, regional premiums, credit guarantees, etc) it has stated that it will withhold these from firms breaking the pay guidelines. However, for the vast majority of firms who have no government contracts and do not rely on discretionary grants, they are legally free to settle whatever pay increases they so desire for their staff.

Small claims

Businesses which become involved in legal disputes over relatively small amounts of money may wish to be aware of a special procedure available to parties in the county court which can limit the amount of costs.

If a matter in dispute involves a sum of less than £200 then either of the parties to the dispute can ask the registrar of the court to refer the matter for arbitration. He can then do so on a compulsory basis. The hearings are in private and the limit on costs means that even the party which loses the action does not have to find more than about £15. Either side can employ a solicitor but the party which wins the action cannot recover the cost of the solicitor from the other

party. The whole purpose of the procedure is to discourage the use of lawyers in an informal proceeding.

Even where the sum of money involved exceeds £200 the matter can be referred to arbitration if both parties agree.

Fuller details can be obtained from the registrar of the local county court.

VAT

There is an obligation on all persons and businesses which are registered for VAT to let the Customs and Excise VAT office know of certain changes in the circumstances of the business.

The notification must be given within 21 days of the change. The following are covered: Change in bank account number; change of name of business or changes of partners (in the case of partnerships); changes in the status of a business (eg from partnership or sole ownership to limited company); change of address of registered office of company or a partner; changes in the trade classification of the businesses.

Time off

A law allowing employees time off work to undertake public duties has now been in force for some time. Although it is unlikely that employers will have large numbers of employees involved there is no doubt that the number of persons undertaking public duties is increasing and problems can arise.

What are the guidelines laid down and what penalties are involved if the employer does not comply with the law?

In brief an employer must allow an employee time off during working hours if that employee wished to undertake certain specified public duties: justice of the peace, local councillor, statutory tribunals (eg insurance tribunals), health authorities; water authorities; governing bodies of schools and other educational establishments.

The time off that has to be given is not laid down in any precise form but it is stated that the amount to be given is that which is reasonable in all the circumstances. This, of course, is not always of practical help but account should be taken of the circumstances of the duties undertaken by the employee and the amount of time he or she has off work for other purposes.

In the event of a dispute, the employee can take the matter to an industrial tribunal which can make a "declaration of entitlement" if it thinks that the employee's complaint is justified. This declaration can lay down what is reasonable in the circumstances of each individual case.

The tribunal can also award compen-

sation of up to £5,200 taking account of any loss by the employee. (It is unlikely that the employee will be able to obtain much in practice). The declaration as to the employee's rights will be considered to have been written into the employee's contract of employment.

Experience so far has shown that most of these matters are being sorted out by amicable arrangement between the employer and the employees who are undertaking the kinds of public duties described in this area of the law.

Disabled persons

As a result of recent publicity in Parliament on an employer's legal duties towards disabled persons, it is likely that more checks will be made in the near future by the Department of Employment on employers who are not fulfilling their obligations laid down by law. These are:

1. Employers with 20 or more employees must employ a percentage—3 per cent—of staff who are disabled persons registered as such with the Department of Employment. Normally in counting up employees for the quota, anyone working for less than 10 hours per week is not counted and those working between 10 and 30 hours per week will count as half-an-employee. The disabled person or persons must be employed for 30 hours a week or more. If no suitable disabled persons are available a permit must be applied for to allow the employer to escape his obligation.

2. In addition to the above any job as a car park attendant or a lift attendant must be given to a disabled person whether the employer has 20 employees or not. If no disabled persons are available then a permit has to be obtained to employ a non-disabled person in these special jobs.

Death of an employee

When an employee dies, there can be difficulty in relation to his PAYE tax position if the employer does not follow the correct procedures. The situation should be dealt with as follows:

☐ Complete Form P45 and send all three parts to the tax office.

☐ Name and address of the personal representatives of the employee should be entered on the form if known.

☐ If payment of wages and salaries due to the employee are paid to the personal representatives the amounts should be entered on the tax deduction card and the tax deducted or refunded for the week or month in which paid just as if the money were being paid over to the employee in question.

☐ The date of death should be entered in the "Date of leaving" box on the deduction card.

☐ If any wages or salary due is not known or if payment is not made known at the time, Part I of the form P45 should be marked "Further payment to be made".

☐ At this stage the tax office should be consulted for further guidance since the procedures can be complex.

*Pen name of a barrister



Perhaps the most eye-catching range of sunglasses yet, new Lookers confirm what every Polaroid stockist already knows: you can focus on fashion without losing sight of quality.

POLAROID'S NEW

LOOKERS

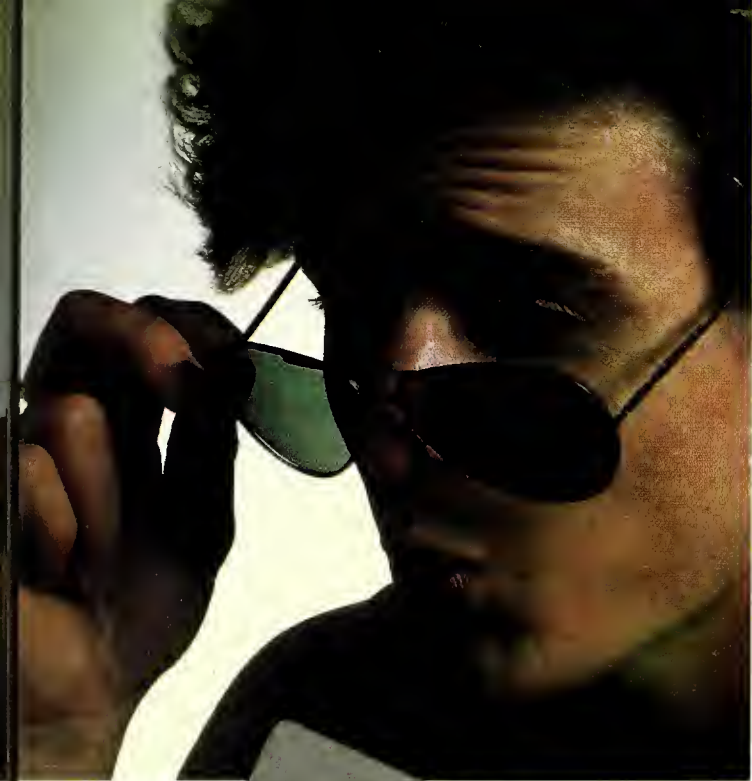
FOR THOSE WHO CAN SEE FURTHER THAN THE END OF THEIR NOSE.

For the first time ever, we offer non-polarising lenses, UV96 Equitints and Graduals, which eliminate up to 96% of potentially harmful ultra-violet radiation and do it with style. Whilst the graduals are anything but gradual in the spectacular effect their colours create.



Nor have we overlooked our famous original polarising lenses, though you may not recognise them at first. Given the new Lookers treatment, they'll put other sunglasses in the shade!





LOOKERS
BY **POLAROID**

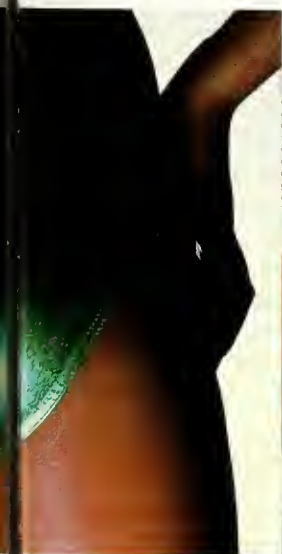


It all adds up to 63 dazzling styles in 100 lenses and colour variations...among them, a Sports Collection even racier than the last. They're yours for the takings...providing you have the vision to stock them. New Lookers by Polaroid.

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Poloroid (U.K.) Ltd., Ashley Road, St. Albans, Herts. AL1 5PR.
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Our first time into mirrors, too. Silver or gold, they reflect more than a glint of trends to come...but not at the expense of Polaroid reliability. As with all new Lookers by Polaroid, a one-year Replacement Guarantee accompanies each pair.



A warning on current low drug stock levels

by Robert Gartside, BSc, MPS

By now every pharmacist must be well acquainted with the dread letters "MCS"—makers cannot supply—and it might be instructive to consider their deeper implications, quite apart from the day to day problems of explaining to patients that their favourite nostrum will have to be foregone for an indefinite period.

In normal working it may take a manufacturer anything from five to 20 weeks to produce a batch of tablets or mixture, not because the actual work of production takes so long but because of the time needed for quality control, and

even more because of the time needed to transmit information from one department to another.

Consider, for example, a batch of tetracycline tablets. Production of this batch may have been first tentatively scheduled six months ago, and confirmed three months ago by "manufacturing control" who will have instructed "buying" to lay in the necessary stocks of raw materials and packaging, based on their previous experience of the time which will elapse between placing an order and receiving the materials. This time will vary with each individual in-

redient and supplier, and the aim is to have all the necessary materials on hand a short while before production of the batch is to begin.

Comes the great day and our tetracycline arrives at "goods inward," who place it in "quarantine" and inform "quality assurance," and also "manufacturing control." "Quality assurance" schedule testing of the tetracycline, obtain a sample, test, and report to "goods inward" (who move the material from "quarantine" to "raw material") and inform "manufacturing control," who can now issue an order to start making the initial granulation for tabletting. Similar minuets take place after granulation, after tabletting, after coating, and after packing—in each case information must be transmitted, samples obtained and tested, and formal release given before the materials can be moved on to the next stage. Because all these operations take place within a relatively large firm and between mutually jealous departments, it naturally follows that a great deal of paperwork is involved, and, of course, that one department does not use a messenger belonging to another. For these reasons, the initial release of our incoming tetracycline may easily take two to three weeks, even though the actual assay only takes 24 hours. Naturally, in an emergency, operations can be speeded up (it has even been known for the production director himself to carry samples) but the process normally takes place with the inevitable sluggishness of a large organisation.

Routine contracting out

Since at any stage something may go wrong and the batch may have to be reworked or scrapped the normal responsible firm so arranges its affairs that foreseeable troubles do not interrupt supply of the product. As a routine a certain proportion of production may be contracted out so that in an emergency there is always a producer available who is familiar with the product. More importantly, production will be so scheduled that the finished product store always contains sufficient stock to bridge over the worst foreseeable production disaster. With delivery times for raw materials as they are, this may mean holding a minimum of six months supply of finished product. Other measures can be taken, and all have one thing in common, they cost a quite unbelievable amount of money.

Crux of the problem

Here we come to the crux of our present difficulties. Everyone knows that holding stock costs money, everyone, that is, except our paymasters who regulate manufacturers' profits just as they regulate pharmacists'. In the middle come the wholesalers, subject to the same economic pressures and also, one suspects, bringing down their stockholdings. Nobody knows by how much stocks have been reduced, but a fair estimate might be by a third over the past decade, and total stocks—manufacturers', whole-

Non-ergotamine Migrave is the one anti-migraine specific you may sell over the counter

Sales (and prescriptions)
are still rapidly rising.
So check your stocks now.

Over half a million
prescriptions for
Migrave speak for
themselves.



NON-ERGOTAMINE
Migrave®



International Laboratories Ltd. Lincoln Way, Windmill Road, Sunbury-on-Thames, TW16 7HN.

salers' and pharmacists' might even have been halved over that period.

Whatever the amount of the stock reduction there can be no doubt that it has taken place, and there can be no doubt that stocks have been reduced below safe levels—for why else do we have continuous out of stock conditions over the whole range of products and manufacturers?

Dangers of 'flu epidemic

These conditions are by no means confined to pharmacy but they are more serious in this area because we are dealing with materials which can on occasion be lifesaving. The co-incidence of a major 'flu epidemic with an "MCS" situation scarcely bears thinking about but exists as a, hopefully, remote possibility. During an epidemic the number of prescriptions may rise by 25 per cent but the whole of this rise is concentrated on a very narrow range of products whose usage may multiply by a factor of five or more. Under present conditions it is only too possible that we should run out totally of antibiotics or cough medicines. Every winter there is talk of the collapse of the health service, usually meaning hospitals or GP's, but we should face the fact that any collapse may in fact come in pharmacy. Sadly, there appears to be little that we can do save continue to press for more adequate profit margins so that we can all once again afford to carry adequate stocks.

One day, surely, the bureaucrats will realise that adequate profit margins are essential to finance stockholdings, until then we shall all be forced to walk a tightrope over a fiery furnace.

Electric razors take less of the market

Electric razors are taking less of the market than three years ago according to a consumer research poll of nearly 1,000 undertaken for Mintel research reports in June.

Regular use of electric razors has fallen from 35 per cent to 31 per cent compared to a similar poll of August 1975. The disposable razor has given a boost to wet shaving methods by winning the support of 14 per cent of men mainly, but not only, at the expense of the market for standard blades, now down from 73 to 56 per cent.

A vote on the efficiency of shaving methods, in a scale of votes from 0 to 10, gave the best result to standard razors followed by disposable types. Top votes of 10 points were standard 47 per cent, disposable 31 per cent and electric 28 per cent.

Mintel comments that the reason why dry shavers are not as popular in the UK as in other countries is undoubtedly because many men feel that they do not shave as well as wet methods.

Mintel reports are available at £30 for the month, £130 for the year in the UK from 20 Buckingham Street, Strand, London WC2.

LETTERS

Private versus public interest

Mr J. D. Lalji raises an extremely interesting and relevant point (letters October 28). The problem, as so often, is the conflict between private and public interest—a position somewhat analogous to that faced by the individual in his dealings with the Inland Revenue. Tax avoidance is legitimate, tax evasion is not. But what would the position be if an organised group discovered or developed a method for massive general tax avoidance?

In defence of the general interest I was one of a small number of retail pharmacists who gave evidence in support of the industry in the Restrictive Practices Court and, more recently, provided evidence to the NAPD of a breach of RPM by one small wholesaler. In support of my private interest I have, for a number of years, been a member of Unichem, and for quite as long been disturbed by many of their activities. I hoped one would have more prospect of altering policies as a member than as an outsider.

Profit distribution

As regards RPM, it seemed to me that the small wholesaler could be fairly easily controlled; it was only a question of collecting hard evidence and NAPD could persuade manufacturers to act. In the case of Unichem, however, the position is far less simple. There has to be some way for Unichem to distribute its profits to its owners. Had the Unichem directors chosen to distribute in proportion to equity ownership, or strictly in proportion to membership, as Mr Mullholland has suggested publicly and I privately, it is probable that their rate of growth would have been much slower. It is probable but by no means certain, that in these circumstances the major established wholesalers would not have felt their market share to be so threatened and would have been prepared to let sleeping dogs lie. However, Mr Dodd assures us that this was not possible. Personally I would have thought the Registrar of Friendly Societies would have been amenable to suggestions to the alteration of Unichem's "charter" had it been pointed out that the present one made it inevitable that the society's actions brought it into conflict with the spirit of the findings of the Restrictive Practices Court.

This is now water under the bridge. Unichem distributed its profits in relation to members' turnover and its own turnover grew extremely rapidly. Major established wholesalers could not sit by and see their market shares decimated and it became economically inevitable that they would retaliate and that RPM would be shattered. It is ironic, but probably inevitable, that in the resulting price war Unichem will be a major casualty since I suspect that all the other major whole-

salers have a far stronger and more secure financial base in activities other than wholesaling pharmaceuticals to chemists.

It is frequently asserted that since Unichem is owned by retail pharmacists its actions as a corporate body are in the interests of retail pharmacy. This raises, in acute form, the whole general question of business organisations and public versus private interest discussed by Professor J. K. Galbraith and others. (The problem of particular interest being whether organisations nowadays exist primarily to fulfil their public or their private purpose. Does ICI have as its primary aim the interest of its customers, its shareholders, its employees, its senior employees, its directors, the public or the State? Does Unichem exist for the benefit of all private chemists, the chemists who are members, those chemists who own the biggest shops, the management, the public, retail pharmacy in general?) One can see the logical argument for distributing profit in relation to individual purchases but a sliding scale of discounts dependent upon purchase would seem to favour the large pharmacy at the expense of the small one. Perhaps this is truly in the interest of pharmacy as a whole, but the assumption needs considerable examination before it can be justified. It is interesting that one at least of the public companies engaged in wholesaling chooses to compete using a flat rate of discount, irrespective of volume of purchase.

Dispensing doctors

It is also frequently argued that the fact Unichem do not supply dispensing doctors is in the interests of pharmacy. Here the position is less clear cut, but it is a fact that a major factor encouraging the growth of doctor dispensing some years ago was that a small number of individual pharmacists were building up very substantial businesses supplying dispensing doctors in areas far removed from their own retail premises. These pharmacists had as large a vested interest in encouraging doctors to dispense, as did the doctors to engage in dispensing. The doctors were reimbursed on a notional cost basis of 20 per cent off retail price and in fact obtained large additional discounts from the supplying pharmacist who had a notional 13 per cent to play with and thus a considerable vested interest in encouraging doctors outside his own area to dispense using the drugs that he supplied. When through the good offices of Macarthis, the NAPD were persuaded to allow wholesalers to supply dispensing doctors on the same terms as chemists the DHSS almost immediately revised their terms of payment to dispensing doctors and removed this substantial element of non-contracted profit. This was undoubtedly of benefit to pharmacy as a whole though a serious disadvantage to those few pharmacists who had profited from the misfortune of the many.

To take another case where ultimate

Continued on p830

The Searcher Smile



...is spreading

For the first time ever, a Sensodyne toothbrush will be promoted to millions of potential new customers in a nationwide consumer advertising campaign, with over 32 million cumulative consumer impacts.

Maximum impact

We're putting our money where our mouth is. Campaign breaks in October with full-colour, attention-getting, large-space ads. in high-readership women's magazines with a budget that's as high as any in this field.

80% of Britain's young housewives

The Sensodyne Searcher will be seen by millions of readers of the Sunday Times Magazine, Woman, Woman and Home, She, and Living, for starters. And 80% of all young ABC₁C₂ housewives in Britain will

have the opportunity to see our advertisements at high frequency.

Remember!

Stock-up with Sensodyne toothbrushes now. Then you can keep smiling when the rush begins.

Sensodyne Searcher



LETTERS

Continued from p827

interest is unclear—advertising. Are the directors of Unichem convinced that public advertising will benefit their somewhat restricted membership of a minority of retailers or are they in fact motivated by the prospect of building membership? One of the problems—perhaps a major problem—in any national public advertising campaign organised on behalf of groups of independent retailers is that, being individuals, many will not partake at the point of sale. In the grocery chains this has been overcome to a substantial degree as a result of dictation by the central directing organisation. How do Unichem propose to overcome it?

Last, but by no means least, should

Unichem be able to persuade the Pharmaceutical Society that their ideas are in the interest of the profession as a whole, how do they propose to counter the methodical, costly response which *could* be forthcoming from Boots and others should their attack along the classical lines of price competition prove effective?

If there is one lesson to be learned from the Unichem RPM scenario (and indeed from the more vital question of adequate remuneration for pharmacists' services and the NHS contract) it is that nothing in this life is simple. The thought may be depressing but the reverse of the coin is that it does make life interesting. If it were simple how unutterably boring it would become. The danger in pharmacy today is that so many are anxious to emulate those dead heroes who followed the Duke of York.

C. J. Fell

Newport, Essex

Is it fair?

Mr E. D. Hurt has overlooked one point in his otherwise excellent letter (October 28, p746). We all know to our cost that it is not uncommon for a prescribing doctor (or, more usually, his clerk) to order two, three, six or even twelve months' supply of one medicine on a single prescription. Each time we dispense such a prescription we get a single fee, irrespective of the quantity of medicine that we are obliged to provide. Does a dispensing doctor ever order more than one month's supply on a prescription?

If we dispense a prescription for three months' supply, we are paid 24.5p. The dispensing doctor, at his new rate of pay will receive $(3 \times 27.6) = 82.8p$ for *doing the same amount of work*; and that is before all the hidden assets mentioned by Mr Hurt in his second paragraph are taken into consideration. For larger quantities the disproportion is even higher.

The Socialist government (which has decreed these things) is *supposed* to be dedicated to justice, fair play and fair pay. Will a Socialist politician (preferably Mr Ennals) please stand up and tell us just how much justice, fair play and fair pay are involved in this situation?

Sid Gruntled

Prescription posers

No. of days treatment		NP
NB Ensure dose is stated		
or. sulphacetamide		
any tds		
Declomedon		
2ml		
ml when 11. 11		
5cl		
2. 11. 11		

Answers, from top:

Our subscriber, from Brighton, says this item is Oc sulphacetamide, apply tds

Our Bolton subscriber tells us this prescription calls for Depo-medrone!

When contacted by our subscriber in Preston, the doctor *thought* he had written Kaolin pro inf mixture

Albion

SKIN SOAP

Something your customers can trust



tried and tested, fresh and natural.

THE ALBION SOAP COMPANY LTD.,
Hampton, Middlesex.

The case for 33pc gross profit on NHS

The City and East London LPC conference motion for a new contract based upon 33½ per cent gross profit on turnover, relies on the paper by C. J. Fell as an economist and pharmacist, and the experience of Manny Marks and myself as general practice pharmacists.

It is generally acknowledged by pharmacists that the present complex contract has failed completely and given rise to enormous annual shortfalls in remuneration. In 1976 compared with 1964, this may be as high as £40m. The 1976 balance sheet made available by the PSNC (using 11 weeks stockholding) showed that of the total (£115m):

(a) Profit accounted for only 12 per cent. A 50 per cent increase in profit on capital employed would only have given an increase of £6-£7m per annum. If the present shortfall of remuneration lies mainly in the field of profit, then this would have to be increased to 63 per cent to restore parity with 1964. The average profit on Government contracts is in the region of 17 per cent. So we must look elsewhere.

(b) Costs of production accounted for the remaining 88 per cent of the total. The shortfall lies mainly in the lack of a true return of costs, in particular:—

1. Calculation of the notional salary.
2. Lack of true increases in remuneration consequent upon increases in productivity. Productivity increases in NHS dispensing are nearly four times as high as the national average, yet the 1976 notional salary is only 2.9 times higher than that of 1964, whilst the index of earnings for the economy of the country as a whole has increased 3.78 times (with productivity increases only a quarter of those NHS dispensing). Also the cost of providing pharmaceutical services in real terms, had fallen to about 71 per cent of the 1964 figure and during this period the increase in prescription frequency per patient per annum had increased by over 40 per cent.

New norms created

The method used at present to measure productivity in NHS dispensing is activity sampling. C. J. Fell has proved in his paper, and every average pharmacist knows by experience (overwork, harassment and lack of bank balance) that this system is illogical and absurdly inaccurate. Its effect is to create new norms, and automatically to eliminate from the balance sheet benefits due to increased productivity. The DHSS claws back all these benefits. The GP pharmacist by working faster not only loses money on the amount paid per unit prescription, but the time devoted to the non-NHS side of his business has also decreased.

How far would we be able to proceed with the DHSS in the true assessment and payment of production costs, based on averaging, especially in periods of high inflation? From past and present experiences, these complex negotiations

would always inevitably be hopelessly inaccurate and a permanent bone of contention between the profession and the DHSS, with the profession the loser.

Is there an alternative—a simple contract which would be fair and give stability in the future? Some years ago Binder Hamlyn—chartered accountants acting as secretary to the review board on government contracts—recommended that remuneration should be based solely on gross profit on turnover. The reasons for the PSNC's unwillingness to explore this suggestion (as also details of the report) with contractors remain confidential and so inexplicable. The use of gross profit on turnover, certainly, has many proven advantages. Instead, due to lack of confidence in the PSNC, we have the absurd position of most general practice pharmacists trying to prove their expertise as economists and negotiators, in order to survive.

George Baxter
London E13

Support for action

The Local Pharmaceutical Committee for Wiltshire met on November 1 and has written to the PSNC pledging its full support if industrial action is taken in the near future. This support will, of course, be implemented only provided that the action is a positive and "tough" one.

Three years ago in 1975 the Wiltshire pharmacists "went it alone" with their red "E" prescription endorsement which I am certain caused real consternation in the Department of Health. Regrettably neither the rest of the country nor the PSNC followed our lead and at the time I warned pharmacists that they had lost their golden opportunity and that they would live to regret it. I also warned that ultimately the only solution would be real "strike action", however inconvenient to the general public. At last year's LPC conference I again challenged those present to show their colours and take positive action. Once again my warning was not heeded. I am thrilled to read positive letters in the pharmaceutical Press this week from Mr Bassil of Southampton, Mr Poynter of Torquay and Messrs Graham Walker & Co from Lincolnshire.

Will you pharmacists now realise that your reputation and living is at stake? I appeal once again to you to write to the Press and the PSNC pledging your support. Don't say you are too busy or that it will not have any effect because if you do you don't deserve to succeed. I am fed up to the back teeth listening to pharmacists constantly grumbling and being unprepared to take positive action. I am fed up of pharmacists saying, "I can't, because Joe Bloggs won't follow suit." If you are not prepared to take a risk for your profession then for heavens sake keep quiet and starve or start selling fish and chips.

This really is your last chance. Over the last month I have listened to David Ennals on two occasions at two conferences and I am confident that whatever

he says he has no respect for pharmacists or pharmacy and that his words are but empty piety. This really is your last chance . . . take it now or all is lost. No one likes strikes least of all me—because everyone suffers. But you must give the PSNC your full support and provide its members with really sharp teeth so that they can bite. Then if they refuse to bite, knowing that they have national support, I will be the first one to campaign for the member's removal and the election of other representatives that will use the teeth provided. But the teeth must be strong and undivided.

Gordon H. H. Hill
Secretary, Wilts ACCC

Empty threat?

Exactly where is PSNC trying to lead us? Its recent letter warning contractors that "it may be necessary to invoke industrial action" appears to be panic reaction to the recent disclosure of the dispensing doctors' 3.1p per script pay award.

What "industrial action" does the PSNC propose? And how could it possibly succeed at such short notice without proper planning and organisation? Such empty "off the cuff" threats do little to enhance the creditability of the PSNC, and achieve nothing. David Ennals, having heard similar threats from the PSNC under its previous chairman, followed by a 12-hour "about turn", is unlikely to be panicked by the present threats into making a substantial offer to the PSNC on November 14.

Without a substantial offer being made, PSNC should look more at strengthening its negotiating arm, than at contemplating action which it is unlikely to succeed in carrying through to a successful conclusion. The PSNC is now in a very similar position to that of the Guild of Hospital Pharmacists prior to affiliation to ASTMS. If the result of the "mini conference" of officers from 16 Local Pharmaceutical Committees held in London recently (*C&D* last week, p760) were to be repeated at the conference on November 26 in a nationwide context, with a majority vote in favour of PSNC affiliation to ASTMS, then the newly-formed PSNC/ASTMS affiliation could achieve for contractors what the Guild of Hospital Pharmacists/ASTMS has already achieved for hospital pharmacists without industrial action.

Stanley Blum
Laleham on Thames

Broken bulk

May I presume to ride the crest of the wave of Xrayser's endorsement of my earlier letter and try to be constructive (for a change)?

Like other contractors I have received a letter about broken bulk from the PSNC. With thoughts to a new contract, would it not be easier for pricing, price changes, broken bulk, dead stock and all the current hassle over discounting

Concluded on p838

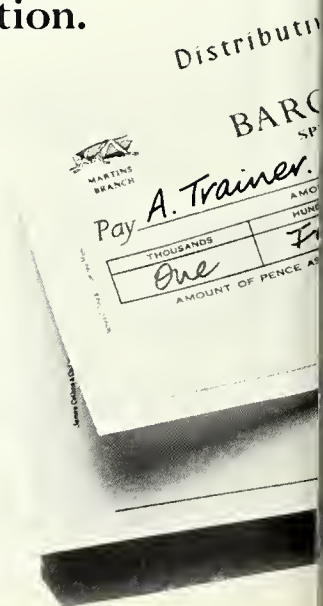
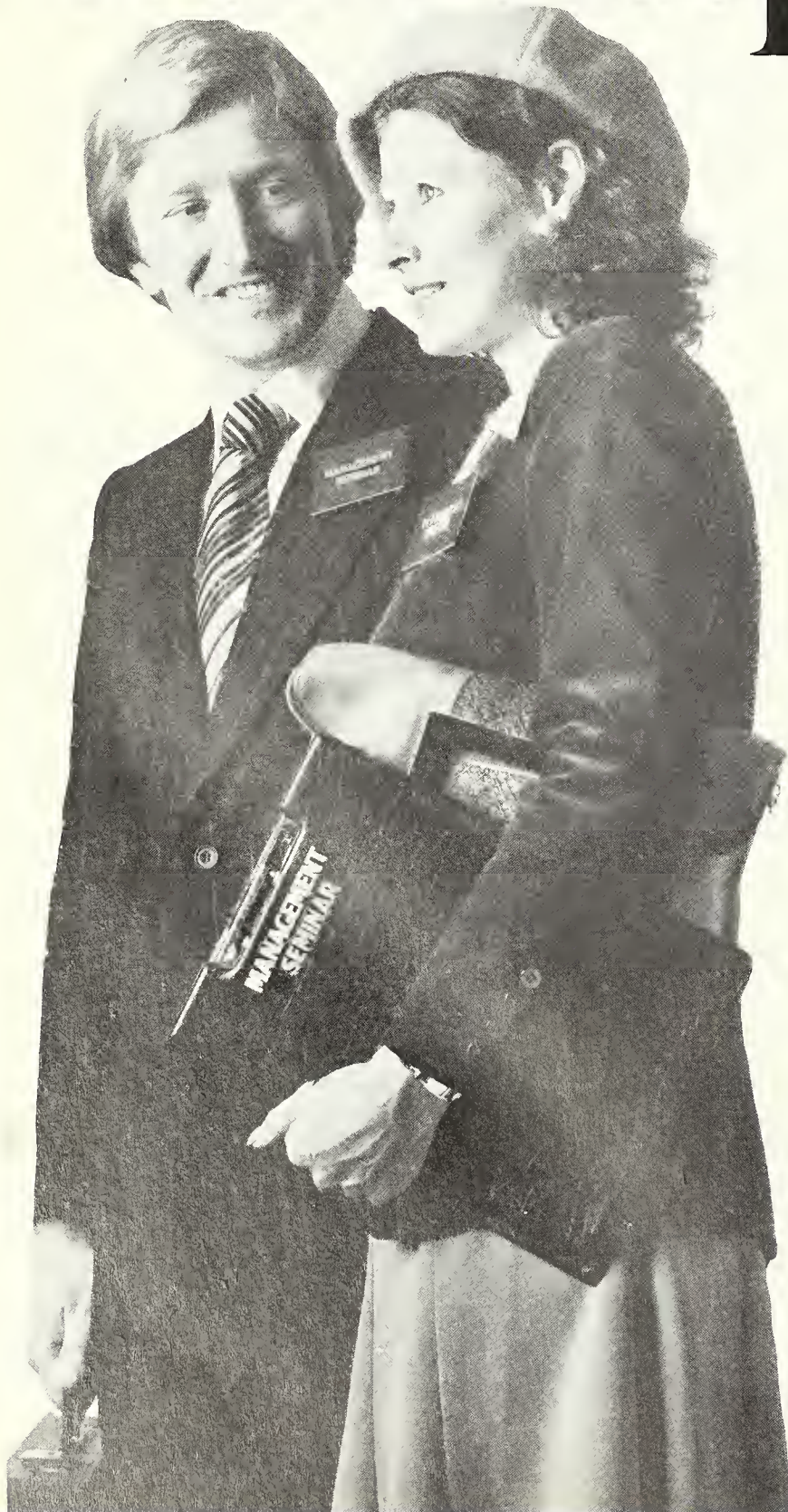
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Chemists' Federation to Clothier report



by Keith Jenkins MPS

It is just over 20 years since the Restrictive Practices Court rejected the view that the pharmacy was the proper channel for medicines distribution. This decision meant the end of the Chemists' Federation of manufacturers, wholesalers and retailers which aimed to restrict medicines sales to pharmacies. Its origins dated back to the 1935 "Chemists' Friends" agreement in which the National Pharmaceutical Union pledged to support those manufacturers who put their goods on a "Chemists' Friends" list and restricted them to pharmacies only. Mr Jenkins, a proprietor pharmacist for 27 years, reflects on how the profession has progressed (or otherwise) since he was a witness for the defence at the Chemists' Federation hearing before the Restrictive Practices Tribunal in 1958.

In the autumn of 1935 the writer, a lad of eighteen with an intermediate BPharm certificate of London University, reported to his future apprentice master for 2,000 hours of instruction in the practice and commerce of a chemist and druggist. Although this pharmacy was not one of the great names in the profession it was typical of an upper middle class pharmacy in a large city and dispensed some 20 private prescriptions daily—mixtures, powders, cachets, suppositories and pills, the latter varnished and occasionally silvered. Nearly all were extemporaneously dispensed. Numerous ointments had to be made daily. As there were no stainless steel spatulas at that time one had to remember that a vulcanite or bone implement had to be used with mercury salts, tannic acid and salicylates.

The pharmacist's reward for each prescription varied from 9d to 4/6d based on the NPU scale of fees and ingredient costs. It is of passing interest that this had to be abandoned by order of the Restrictive Practices Tribunal as an example of price fixing although the company chemists had their own scale, which was less than the NPU's, so price competition always existed.

When pharmacy found itself without a scale of professional fees as a result of the Chemists' Federation judgment, the West Hertfordshire Branch of the Pharmaceutical Society put up a resolution at the 1959 Branch Representatives' Meeting requesting the establishment of a scale. This was adopted after much discussion in 1964 and remains with occasional up-grading to this day.

Salary £300 a year

But we digress. The profit to the proprietress of this Edgbaston pharmacy was, as I recollect, £600 a year. The superintendent pharmacist possibly earned up to £300, the Apothecaries Hall dispenser about £130 and the apprentice 5/- a week plus 2/6d for delivering the medicines in the lunch hour on an errand boy's bicycle.

At this typical pharmacy, only just over 40 years ago, the greatest concession to commerce was the sale of Vinolia soap Easter eggs and Christmas gift sets

by Yardley, Morny and 4711. The rest of the revenue was derived from the retail sale or dispensing of medicines, dressings, antiseptics and toiletries. Some of the latter were made on the premises from formulas in the "nostrums" book of previous proprietors going back to the 1880s or were by Yardley or Ponds.

Two miles away in the Bearwood Road, life was very different. One of my



Mr Jenkins

fellow students who was "apprenticed" to a small lock-up pharmacy under one of the new Odeon cinemas had only dispensed about 20 prescriptions in two years and had never made the more elaborate presentations of medicaments until his dispensing course at Birmingham Central Technical College.

This was the professional background of the pharmacist in 1935 when we were just dispensing our first sulphanilamide tablets, the barbiturates were only a few years old and the first antibiotic was still ten years away.

At this time there was one pharmacy to about 2,000 population. Ex-servicemen from the 1914-18 war had, through governmental pressure on the Pharmaceutical Society and schools of pharmacy, been admitted to the Register with the minimum of practical training or academic

attainment. They had set up shop with credits from the wholesalers in houses or shopping parades in the industrial North, Midlands or expanding London suburbs and many were taking less than £20 a week representing £3-£4 net profit.

The sale of medicines—advertised or recommended—was their living and apart from the protection of the 1934 Poisons Act which decreed that certain poisons, notably barbiturates, should be on prescription, their only monopoly was medicines containing opium and its derivatives, the solanaceous alkaloids, strychnine and certain poisonous metals including mercury and arsenic. With the exception of rural areas where agricultural chemists did a flourishing trade in seed dressings, rat bait and sheep dip, this legal privilege showed little financial return. The competition was for the advertised proprietaries: Beechams Pills, Phosferine, Whelpton's Purifying Pills, Aspro and De Witts antacid powder. As it was then, so it is today. The advertisers had to obtain maximal return for their expenditure so aimed for widest distribution. The pharmacist, resentful of this encroachment of his preserves, looked for companies who would channel distribution through the prescribing doctor and retail pharmacist.

Captain Kelly

Such a company was Crookes Laboratories or British Colloids whose chairman was Captain Kelly. He conceived the idea of manufacturing and promoting medicines only through dispensing chemists. British Colloids had an excellent range of colloidal silver, calcium, iodine and other elements as well as the newly discovered halibut liver oil which contained in a few drops the same vitamins as a teaspoonful of cod liver oil euphemistically described as "tasteless", "bland" or "agreeable" by its various manufacturers.

Captain Kelly and his associates were readily joined by most "ethical" manufacturers of that time who saw in the Chemists' Federation an affirmation of their principles that medicines should be prescribed by doctors or recommended and sold by pharmacists. The Federation had the support and administrative facilities of the NPU. The secretary of the CF was Mr R. H. Kemp, now in his 80s, a dedicated and devoted servant to our profession and a great friend to many pharmacists of my generation.

Between 1934 and 1946 the distribution of medicines, antiseptics and dressings was secure and adequate. There was a pharmacy in most villages of 1,500 people upward and the same for every neigh-

bourhood in urban and suburban districts. It was in this period that the seeds of the destruction of the CF were sown. Manufacturers with limited output and research facilities considered the advantages of marketing only through chemists. Goodwill would be assured if their representatives said "no-one but a chemist will sell this product which is on the CF list." A Yorkshire firm sold not only CF glucose sweets but CF sugared almonds. Another company, since forgotten, sold Influcol, an oral vaccine with little evidence of content or stability which deliquesced in its bottle within a year or so. Wigglesworth offered its CF retailers a kidney and bladder pill (which please note for future reference!)

It is of passing interest that Parke Davis & Co, a staunch member, would never include Euthymol toothpaste in the CF list as it was not a medicine. This company lost some of its sales to British Alkaloids, the makers of TCP toothpaste which was CF, but happily Euthymol is still with us after 70 years and sales are still directed through pharmacies.

In the economic liberality of the 1950s—when America and Western Europe had broadly agreed that restraints of trade were a bad thing—two government inquiries were convened: the Monopolies Commission and the Restrictive Practices Tribunal. The terms of reference of the latter organisation were to decide whether a restrictive practice did or did not operate in the public interest. The Tribunal was not to be a formal court of law but was to consist of a learned judge with colleagues known and respected in the field of economics and accountancy.

In this case the judge was Lord Devlin supported by Mr Justice Upjohn, Lord Cameron, Sir Godfrey Mitchell, Sir Stanford Cooper, Mr W. L. Heywood and Mr W. G. Campbell. The Tribunal assembled in the London Law Courts, Queens Bench Division II. Only the counsels for prosecution and defence were wigged. Evidence was given on oath in the customary manner and witnesses in abundance were produced by the pharmaceutical defendants; CF, NPU and Pharmaceutical Society. The plaintiffs were those who wished to see our rapid dissolution, notably grocers, ironmongers and parties interested in the embryonic supermarkets whose gestation was so rapid between the 1950s and 1960s.

Opposition

When we consider that our opposition had ten to fifteen times more outlets than we have it is logical to assume that Beecham, Unilever, Hedleys and others aided by the then novel commercial television channels should want to exploit the market potentialities of the situation and destroy the CF. I believe the case cost us about £10,000, a lot of money in 1958. To the opposition it was peanuts. Our defending counsel was Mr T. G. Roche QC. The prosecution employed Mr Cyril Harvey QC, brilliant, ingenious and aggressive.

Those of us who had already given

written evidence for our defence were questioned and cross-questioned. The tenor of our evidence was that dispensing was an essential service which only provided a bare subsistence especially in areas of low population. To deprive us of our monopoly of CF medicines, disinfectants and other items was to take away some 80 per cent of our living. In my case it was argued that with some 1,800 population and about 650 prescriptions a month, loss of counter sales would inevitably lead to closure.

This was countered by a question from Mr Cyril Harvey, "How much money did you need to start your pharmacy?"—"Two hundred and fifty pounds on loan and extended credit from the wholesalers".

Mr Cyril Harvey "And how much are you making now?"—Mr Justice Devlin, "You need not give precise figures"—"I am willing to do this, sir but would prefer it not to be reported. The turnover figure is about £11,000 and I am awaiting a balance sheet".

The *Daily Telegraph* decided not to respect my wishes. On its back page next morning were the headlines "Country chemist started on £250 now taking £11,000".

Fortunately many in the village read the other papers and the news escaped them but the vicar came in with a personal message of sympathy. He, at least, recognised that net profit on £11,000 represented less than his stipend!

Witnesses for the prosecution were then called. An elderly physician from a local hospital gave evidence that an innocuous but excellent antiseptic, Milton, should be in every home and should be available from all possible sources. Shopkeepers other than the owners of pharmacies testified to the need for stocking all our traditional lines to sell to the needy when pharmacies were shut.

Mr Cyril Harvey said to a medical witness for us, "Doctor, I am addicted to Carters Little Liver Pills, would it not be a convenience if I could obtain these

from my newsagent when I collect the morning paper?" Dr Young, "I would suggest that if you are so addicted it is better that you consult a pharmacist who could help overcome your addiction and if necessary suggest a better remedy or medical advice".

Cross examining another witness Mr Cyril Harvey said, "When I go fishing at Inchnadamph, do you not think it a great benefit that I can purchase Flypel at the general store when the nearest chemist is more than 20 miles away?" Very good sense and this learned counsel made his point.

So much for the cut and thrust of counsel. The prosecution really won on the evidence of Wigglesworth's kidney and bladder pills. It was disclosed that the CF had a standards committee consisting of pharmacists and a doctor. This infamous pill, the existence of which most witnesses were ignorant, was tracked down to a remote pharmacy in London's East End. An expert witness confirmed that the pill was useless at best and harmful at worst. Apparently it had not been before the CF standards committee but was on the CF list.

The other evidence against the CF was corroborated by numerous witnesses. It was that the pharmacist was seldom to be seen in his pharmacy and that sales were generally made by a "young girl" who seldom showed evidence of training in pharmacy or had any qualifications.

Even several years after, a psychologist in Edinburgh sponsored a scheme where a young woman simulating a distressed and near suicidal state visited some fifteen pharmacies purchasing bottles of 50 to 500 tablets of aspirin at each visit. Only in two pharmacies did a pharmacist come forward to advise her or question the quantity of tablets purchased.

After the summary of evidence, Lord Devlin gave a judgment based on legal precepts. It was that the CF was acting in restraint of trade in that it sought to restrict the sale of certain articles which were not medicines. Furthermore the

Continued on p836

A Chemists' Federation advertisement published in "The Chemist & Druggist Diary and Year Book, 1955"



The Sign of Approved Medicines Recommended by Chemists

MANUFACTURERS—

Now more than ever it is in your interests to join the Chemists Federation. Write for particulars or arrange an interview with the Secretary.

CHEMISTS—

Display and recommend C.F. goods. Demonstrate in an unmistakable manner your support of Manufacturers and Wholesalers who place their confidence in you.

THE CHEMISTS FEDERATION

of

Secretary:
R. H. KEMP, F.P.S.

MANUFACTURERS, WHOLESALE AND RETAILERS
OF MEDICAL AND PHARMACEUTICAL PRODUCTS
4 & 5 QUEEN SQ., LONDON, W.C.1

Telephone:
TERMINUS 5118
(3 lines)

From Chemists' Federation to Clothier report



Continued from p835

restrictive practice was not in the public interest. The prosecution, stimulated by its success, sought an injunction restraining the Federation but the Judge refused this saying "The chemists are men of the highest honour, they will accede to the request that they cease their restrictive practice: an injunction will not be necessary."

The CF duly disbanded. Some of the funds which remained after payment of legal costs were spent on a dinner at the Trocadero where the defendants and their witnesses sadly confirmed our voluntary dissolution. Captain Kelly proposed the toast "The CF is dead, long live the CF." No great grief was apparent perhaps because some of us felt that better foundations must be laid for the future.

Thalidomide tragedy

Within twelve months the thalidomide tragedy happened. A premonitory act was the recall of all stocks of Distaval from pharmacies everywhere. (How much more difficult would this have been had Distaval been in newsagents, corner shops and grocers everywhere!) Since 1955 the Pharmaceutical Society, mainly on the initiative of the late Mr F. W. Adams, had anticipated legislation and instructed its members to refrain from supplying certain medicines for which evidence of habituation or toxicity was accruing. The great sense of responsibility shown by the Society and the British pharmaceutical industry did not pass unnoticed by the government and a report was made by Sir Hugh Linstead and Mr J. B. Grosset which resulted in the appointment of a Committee on Safety of Drugs in 1963.

The Medicines Act will be a responsible guide to the future supply of medicines by pharmacists and doctors, but it will not of itself secure enough work for the pharmacist outside the hospital or health centre to ensure the viability of general pharmaceutical practice in areas of less than 6,000 population.

Subsequently the principle of maintained resale prices for medicines was established in the last case to be referred to the Restrictive Practices Court in June 1970. "Ethical" medicines were price-maintained primarily at wholesale level as the profit margin enjoyed by the wholesaler paid for the exceptional service to retail pharmacies dispensing under the NHS contract. The reason for retaining price maintenance on proprietary remedies was that price cutting would substantially reduce the number of retail outlets, to the detriment of the public as users or consumers. Thus, medicines and books alone enjoy the privilege of price maintenance.

In his summary, the prosecuting counsel gave us one piece of advice which

was worth all the £10,000 we spent on our defence. It was, "Organise yourselves as a profession and you will receive the respect which a profession commands".

What was the reaction of the two main pharmaceutical organisations to this exhortation? The NPU issued a pamphlet which exhorted its members to "unite against the multiples". Not multiple grocers as you might expect but members of the Company Chemists Association.

The Pharmaceutical Society's Council, which could have established the principle of a professional fee on a Council or Council member's motion within two months, waited half a year for the next Branch Representatives Meeting to propose a motion and a further six years for its discussion before the first scale was published in 1964!

At no time did any of our professional organisations resolutely pursue the goal of an organised united professional service. The NPU sought to establish the small man of pharmacy as a successful trader and the Society continued its policy of ingratiation with the Privy Council and successive Ministers of Health. The Mahatma Ghandi once said of the British Raj, "If you stand up to them they will respect you. If you submit they will exploit you forever".

One of the reactions to the CF judgment was the Pharmaceutical Society's "Report on the practice of pharmacy," in 1963, which sought to define the role of the pharmacist in general practice. This excellent document was accepted by a meeting of the Society in 1963. While

its precision of definition was equalled only by its objectivity, the report had one fatal weakness—it failed to separate the commercial from the professional activities of the pharmacist. As a result the Society's attempts to limit the range of products sold by its members was challenged and later defeated by a Mr Dickson of Boots. The organisation of the Albert Hall meeting and the lawsuit which followed cost us probably £62,000.

Since that time the working party on the future of general practice pharmacy has made proposals for discussion by the membership and the Clothier report has been published and accepted with some reservations by pharmacists and dispensing doctors.

This takes me from CF to Clothier. Because the Society and NPU up to 1973 had totally failed to secure the rights of professional monopoly of their members in areas of lower population other commercially interested persons filled the vacuum.

The dispensing doctor with a government acknowledgement to supply medicine through his branch surgeries and collecting centres added an easy 30 per cent to his income and pension. The village drug store, which embodies some superficial aspects of some pharmacies including tights, the latest slimming aid and the current "Bahamas bonanza" may be indistinguishable from the "chemist" in the eyes of some country folk just as the doctor's white-coated dispenser may earn herself the honorary title of "the chemist lady at the surgery".

We would expect the doctor to be

Below, Mr R. H. Kemp, who gave evidence as secretary of the Chemists Federation. Left, Mr C. C. Green who was assistant secretary. Mr Green is now secretary of the Proprietary Articles Trade Association. The photographs were taken about the time of the trial



content with a fair system of remuneration but this is not so. This most firmly entrenched profession has now decided to enter the field of commerce. No longer does the earnest medical representative seek a 15 minute interview with one or more doctors. He has lunch with the whole partnership. The discussion is not centered round the advantages of the new beta-blocker, but whether the routine antacid-antiflatulent shows an extra 10p a bottle more profit than that of the rival firm and how much of that can be concealed from the Ministry by donation of samples from the boot of the car.

We now see that in the past, governments have conceded price maintenance as a means of securing stability of professional services. If the professions concerned cannot honour the principle of responsible supply of medicines the government of the day will say "we are responsible to our taxpayers and will establish our own service."

My conclusion 20 years after giving evidence as a rural pharmacist at the CF tribunal is that in the ensuing years neither the Pharmaceutical Society nor the NPA has shown sufficient dynamism in defining and establishing the practice of pharmacy purely in professional terms as distinct from the trading function implied in the title "chemist".

There is one last hope. The single handed proprietor pharmacist still outnumbered his colleagues who act as managers for companies or co-operative societies. It is the proprietor who gen-

erally serves the marginal areas where the returns are compatible with a small scale operation. The endorsement and adoption of the interim report of the working party on the future of general practice pharmacy by our members and government will ensure not only the viability of the small pharmacy but ensure a successor to those of the 33 per cent of us who are now over 60.

With planned distribution of pharmacies we should also seek an NHS contract based primarily on a capitation fee which will ensure a minimum of 2,500 population per rural pharmacy. While this would mean modification of the one-mile limit now endorsed by the Clothier report it would ensure an efficient minimum for NHS practice, while recognising also that the NHS doctor or his counterpart in Europe can and does provide a service for medicines in isolated areas whether in East Anglia, Central Wales, the Alpes Maritimes or Austrian Tyrol where the patients are too scattered.

During the weeks that I have been writing this article, the RPM controversy has been continuing between the wholesalers. The outcome is predictable. If the wholesalers are making so much profit out of the NHS that they can offset this against the margins on trivia such as hairsprays, wave-sets and hand creams which are anybody's commerce, government will see to it that the profit margin is cut in the interests of the taxpayer. I too am a taxpayer and I can see government's point of view.

US pharmacies feel neglected by wholesalers

Almost two-thirds of American pharmacists taking part in a survey felt that US wholesalers were neglecting small independents in order to pursue chain store business. The survey, by *American Druggist*, received 997 replies, and is published in the November issue.

Asked how they would describe the price competition among local wholesalers, 58.1 per cent said moderate, 22 per cent, imperceptible, and 18.4 per cent, intense. A leading article in the same issue concludes that the wholesalers, stung by low profits, are apparently learning to control their propensity to engage in severe discounting.

More than half the respondents said they were buying more from wholesalers than during the previous year and only 8.7 per cent were dealing less. In 1972 61.8 per cent of purchases were from wholesalers, and by 1977 67.4 per cent was bought that way. About one third thought the relationship between retailer and wholesaler was becoming increasingly close and slightly fewer thought it was diminishing.

On services, 85.9 per cent of participants said goods were delivered on schedule, 62 per cent found help in extended liberal credit terms. Well over half felt they had benefited from wholesalers' computerisation.

Your prescription for the new year.



A new service beginning 1979 calling on independent chemists.

On the 8th January 1979 Brian Coles (Marketing Services) Limited will commence coverage on 4000 independent chemists nationally taking orders via any wholesaler nominated by the retailer at a cost of 88p per call.



Brian Coles (Marketing Services) Limited

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Telephone Birmingham (021) 622 3818

Self-medication retraining for the elderly

A self-medication retraining programme for elderly patients about to leave hospital has been set up in the Southern General Hospital, Glasgow. In the *British Medical Journal* last week a pharmacist, ward sister and consultant physician describe how, when it is decided that an elderly patient is almost ready to be discharged, the patient is put on the retraining programme at least two weeks before discharge.

Firstly, the drug regime is simplified, then a staff pharmacist interviews the patient and assesses the type of container he is able to use and the type of labels he can read. The patient is shown the medicines and given a card with instructions. A two-day supply of medicines is given to the patient and he then takes them following a timetable suitable for home use, instead of the ward medicine round. He is allowed to keep the medicine in his locker or pocket. The nursing staff supervise him closely but after a further interview with the pharmacist, the patient receives a second and third two-day supply of medicines and then a five-day supply with decreasing supervision.

In the meantime the hospital pharmacist has contacted the patient's local general practice pharmacist to ensure that the future supply of medicines are in suitable containers suitably labelled. This pharmacist is told when the patient has been discharged. If the patient fails the self-treatment trial, it is prolonged but if there is permanent failure, this is considered an argument against discharge.

Over 100 apply for Churchill awards

The Winston Churchill Memorial Trust has received 121 applications from pharmacists for Churchill Fellowships (*C&D*, August 5, p212).

A spokesman for the Trust told *C&D* that most of the 121 applicants were hospital or retail pharmacists. A favourite topic among the former was clinical pharmacy; the latter were concerned mainly with the survival of pharmacies, particularly in rural areas, and with the role of the general practice pharmacist. The response was "average" for a specialised category.

About 20 of the pharmacist applicants will be interviewed in January, 1979, and probably eight awards will be made.

1979 Janssen awards

Application forms are now obtainable from the Guild of Hospital Pharmacists for the Janssen Award 1979, the third year of the company's award designed to encourage pharmacists to undertake

investigational work on a project selected by the Guild council, of importance to the practice of hospital pharmacy.

The Janssen Award is not restricted only to members of the Guild but is open to all pharmacists currently employed by health authorities or other public bodies. Application forms (to be completed and received by June 1, 1979) from: The administrative assistant, Guild of Hospital Pharmacists, 10 Jamestown Road, London NW1 7DT.

Ignorance on liability laws

Nearly 70 per cent of top executives in Britain are ignorant of impending liability laws, concluded a survey by the British Safety Council. In response to the apparent lack of knowledge on laws soon to be drafted into Britain, James Tye director general of the British Safety Council and Bowes Egan, safety and consumer law analyst, have written a 240-page European book *Management Guide to Product Liability*.

LETTERS

Continued from p831

and RPM if the manufacturers provided a suitable "sticky tag" label, somewhat akin to the French system, stating product, pack and price, which could be attached to whichever FP10 actually entailed the opening of a new pack? The Pricing Bureau would pay for the complete pack on that script, subsequent scripts attracting a fee only until the next pack was opened and the tag attached to the appropriate script.

It would be too much to hope that the manufacturers might pack inhalers, ointments and other current original packs in multiples of two or more, but if they did this pricing method would mean that the cost of carrying such service items would also be reduced without detriment to the service to the patient, and the stock which would not have been paid for by the NHS would only be in unopened (and therefore returnable) packs.

Of course this is a compromise from the ideal of unit pack dispensing, but if we must break bulk it at least puts the burden where it belongs, with the DHSS, and not on ours(h)elves, it might even lead to speedier Pricing Bureau procedures perhaps leading to more prompt payment.

A. O. Bond
Glastonbury

Slipped halo

I take strong exception to Xrayser's comments concerning my opinion with regard to our dealing with the Department of Health. His halo has obviously slipped over his eyes and ears blocking out what is reality in the competitive world around him and elevating him to such a high position in his well-

The main findings of the survey were that more than half the UK firms believe that the introduction of product liability will mean Britain adopting an absurd legal regime from the United States; more than half British industrialists are unaware of the strict liability issues and problems that have developed in the US over the past 20 years; two-thirds of British firms are ignorant of the influential EEC Directive on product liability, and 71 per cent are not conversant with the findings of the English and Scottish Law Commissions; less than half of Britain's manufacturing companies employ a quality assurance department that carries out regular liability audits.

The authors have studied over 400 inspection checklists from the insurance companies and accident investigation teams, and from them have compiled 350 guidelines, broken down into 30 different specialist areas for designers and engineers to quality assurance managers and distributors. The book is available (£8.50) from The British Safety Council, National Safety Centre, 62 Chancellor's Road, London W6 9RS.

starched white coat that he has not got his feet planted firmly on the ground. He cannot separate his professional duties to his patients and the community and the distasteful commercial consideration needed to maintain them.

I do believe that negotiations require the parties to discuss and exchange information but Mr Ennals and Mr Moyle are supplied with Lux grade ear plugs and blinkers and do not, in their words, understand what the PSNC is talking about. In the present economic and political climate, being "jolly tasteful chappies" as we have seen over and over again, achieves nothing. I can assure Xrayser that my professional attitudes and service to the community are second to none but I know what day it is for the retail pharmacist—it is nearly doomsday for all of us. I only hope that Xrayser is not a member of the PSNC or we have no chance of survival.

The day of the starched white coats is over and unless we all realise that we must adopt a true commercial attitude to our profession we will not have a profession to practise. Whether it is distasteful or not the two must go hand in hand and our present attitudes supported by Xrayser have only led us up the road to disaster. A strong new tack is needed and with Mr Sharpe we probably have it.

The matter of discounts should have been dealt with by private letter from the PSNC advising its members and with requests for their opinion. It certainly does not need information about matters which may or may not in the long run be to our advantage dropped into the enemy camp. Make no mistake, at the moment the Department of Health is a cold hard enemy. Ask the pharmacists who have had to close or who cannot sell their businesses.

David B. Cohen
Enfield, Middlesex



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Ginseng factory opens in South Wales

The Red Kooga King of Ginseng company has opened a £1 million factory in Ebbw Vale, Wales. The factory, which will eventually employ 200-250 people, should be able to produce 20 million ginseng tablets a week for sale in Britain and export to the far East.

Mr Hamilton-Cooper, managing director, says: "Ginseng is now part of the British way of life. There is now a £3 million market for ginseng in Britain and Red Kooga has more than 60 per cent of the market. In two years, the market will double."

British Steel and the Welsh Office collaborated in bringing the factory, claimed to be one of the most modern pharmaceutical factories in the world, to Wales. Production will start in January, 1979.

Polaroid in Ireland

A new company, Polaroid Ireland, is to be established by the Polaroid Corporation of USA. The company will employ 1,500, producing instant photographic products at Newbridge near Dublin. Building on the 300,000 sq ft site is due to begin before the end of the year, with production planned to begin in 1980.

New factory allows Sorex to expand

Sorex (London) Ltd are now operating from a new factory and office complex. Their new premises, covering an area of 1½ acres, are said to incorporate the most modern methods for producing rodenticides, horticultural products and insecticides. This will allow Sorex to increase production, efficiency and customer service as well as bringing additional employment to the North West. The company's new address is: Trading Estate, St Michaels Road, Widnes, Cheshire WA8 8TJ (telephone: 051-420 7151).

Products for sale through retail pharmacies are still being distributed by Pharmagen Ltd.

Briefly

Turnover for **Dow Chemical Co Ltd** in the year ended December 31, 1977 was £103,586,957 compared with £79,900,914 in 1976. Profit before taxation was £1,951,325 (£2,803,749).

Mr Roy Hattersley, Secretary for Prices and Consumer Protection, has decided not to refer the proposed merger of the UK interests of **Schering Plough Inc** and **Scholl Inc** to the Monopolies and Mergers Commission.

The proposed merger between **Rockware Group Ltd** and **Alida Packaging Group Ltd** will not be referred to the Monopolies and Mergers Commission.

Sales of the **Astra** group in the period January to August 1978 increased by 20 per cent over the corresponding period last year from Skr 1,090m to Skr 1,304m. Group earnings increased to Skr 95m, an increase of 40 per cent. Sales volume of the pharmaceutical division rose by 21 per cent.

APPOINTMENTS

Colson & Kay: Mr G. J. Kennedy has been appointed area sales manager for Scotland.

Milupa Ltd: Mr Bruce Chodes has been appointed manager responsible for territory sales in West Midlands and South Wales areas.

Autopack Ltd: Mr Barry Guy has been appointed export sales manager with responsibility for overseas sales of food and pharmaceutical package equipment.

Uniclife Ltd: Mr Jim Lawrence has been appointed managing director. He was formerly operations director for both Coty and Uniclife for the Pfizer consumer products division.

Paterson Products Ltd: Mr Philip Deer has been appointed managing director. Mr Deer joined the company in 1973 as works director. Mr Alan Bailes, previously managing director and chairman, will now concentrate on his duties as chairman.

Chinese oils rise

London, November 7: Following the Canton fair Chinese essential oils have mostly advanced in price. That trend became obvious during the past week but the rates given below must be regarded as fluid until the US dollar (in which Chinese produce is traded) and sterling attain a position approaching stability.

Although sterling is in a firmer position *vis à vis* the dollar than it was some months ago it has lost ground against the stronger of the European currencies such as the West German Dmark. As a result a number of pharmaceutical chemicals that are imported from that country are expected to rise soon. Examples are caffeine, theophylline and aminophylline.

British made pharmaceutical chemicals are currently fairly stable with a few exceptions—tropine alkaloids have moved up substantially; chloral hydrate is now £1.86 kg against £1.43 and sorbitol powder has gone up by £50 metric ton with the syrup £55 dearer. In essential oils orange has become scarce. Estimates for the new crop Brazilian peppermint/menthol usually received in the first half of November are not expected until later in the month this year. Gains and losses were about equal in botanicals. Higher were balsams, dandelion, ergot, gentian, hydrastis and styrax. Lower were cascara, cherrybark, kola nuts, lemon peel, senega and witchhazel leaves.

Pharmaceutical chemicals

Aloin: micro-crystalline £18.05 kg in 50-kg lots.
Atropine: (Per kg in ½-kg lots) Alkaloid £196.95, methionitrate £174.90; sulphate £166.
Bismuth salts: £ per kg.

	50-kg	250-kg
carbonate	8.98	8.93
salicylate	8.14	—
subgallate	9.24	—
subnitrate	7.66	7.59

Calcium lactate: 100 kg lots £1.45 kg.
Choline: (500-kg lots) bitartrate £2.41 kg; dihydrogen citrate £2.40.
Cinchocaine: Base (5-kg lots) £77.69 kg; hydrochloride £77.45.
Cyclobarbitone: Calcium £18.61 kg in 25-kg lots.
Dexpanthenol: (Per kg) £12.28; 5-kg £11.03.
Dextromethorphan: £164.85 kg, £162.85 kg in 5-kg.
Dihydrocodeine bitartrate: £535 kg in 20-kg lots.
Subject to Misuse of Drugs Regulations.

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Ephedrine: (Per kg) £15 in 500-kg lots; hydrochloride sulphate £18 in 50-kg.

Ergometrine maleate: £6.35 in 50-kg lots.

Ergotamine tartrate: £4.25g in 50-g lots.

Ether: Anaesthetic; BP 2-litre bottle £2.88 each; 1-ton lots in drums from £1.39 in 18-kg drums to £1.25 kg in 130-kg. Solvent, BP from £940 metric ton in 16-kg drums to £853 in 130-kg.

Ferric ammonium citrate: BP £1.70 kg in 250-kg.

Ferric citrate: £2.75 kg in 250-kg lots.

Ferrous carbonate: BPC 1959 saccharated £1.70 kg (50-kg lots).

Ferrous fumarate: BP £1.75 kg in 50-kg lots.

Ferrous gluconate: £2.060 per metric ton.

Ferrous succinate: BP £4.50 kg in 50-kg lots.

Ferrous sulphate: BP/EP small crystals £560 metric ton; dried £560 metric ton.

Folic acid: (kg) £50 kg in 1-ton lots.

Homatropine: Hydrobromide £133.10 kg; methylbromide £126.60—both in ½-kg lots.

Hyoscine: Hydrobromide £490 kg.

Hyoscyamine: Sulphate, 100-kg lots £267.90 kg.

Lactic acid: BP 88/90% £1.75 kg in 70-kg drum.

Magnesium carbonate: BP per metric ton—heavy £550 to £590, light £450.

Magnesium chloride: BP crystals £0.68 kg for 50-kg lots.

Magnesium dihydrogen phosphate: Pure £2.08 kg in 50-kg lots.

Magnesium hydroxide: (metric ton) BPC light £1,240; 28 per cent paste £440.

Magnesium oxide: BP per metric ton, heavy £1,350; light £1,240.

Magnesium sulphate: BP £116.70-£124.70 metric ton commercial £103.50-£111.50; exsiccated BP £249.40.

Magnesium trisilicate: £1 kg (metric ton lots); £1.20 kg (500 kg lots).

Phenylephrine hydrochloride: From £80 kg according to quantity.

Potassium phosphate: monobasic BPC 1949, £1.22 kg in 50-kg lots.

Pyridoxine: (Per kg) £27.70 kg, £28.45 in 5-kg lots; £25.70 (20-kg).

Quinalbarbitone: Base and sodium in 25-kg lots £19.40 kg.

Quinidine sulphate: £135 per kg.

Quinine: (50-kg lots per kg) Alkaloid £100; bisulphate £73.50; dihydrochloride £95; hydrochloride £92; sulphate £85.50.

Riboflavin: (Per kg) £33.42; 5-kg lots £32.17; 10-kg £31.42; diphosphate sodium £80.56, 5-kg £78.56.

Sodium acid phosphate: BP crystals £1.11 kg for 50-kg lots.

Sorbitol: Powder £580 metric ton; syrup £305.

Theophylline: Anhydrous and hydrous £5.33 kg in 100-kg lots delivered; ethylenediamine £5.53 kg in 100-kg.

Thiamine: Hydrochloride or mononitrate from £16 kg in 1-ton lots.

Tocopherol: DL alpha £19.31 kg; 5-kg £17.13 kg.

Tocopheryl acetate: £16.56 kg; £15.31 kg in 5-kg lots; £14.56 (20-kg). Powder 25% £16.13; £14.88; £14.13 (25-kg) respectively.

Vitamin A: (Per kg) acetate powder 500,000 iu/g, £17.70; £15.70 in 5-kg lots. Palmitate, oil 1 miu £17.99; £15.99; water-miscible type 100 £6.27 litre; £4.27 litre in 6 litres.

Vitamin D2: Type 850, £52.42 kg.

Vitamin E: See tocopheryl acetate.

Yohimbine hydrochloride: £302.50 per kg.

Crude drugs

Aloes: Cape £930 ton spot; £900, cif. Curacao £1,900, cif.

Balsams: (kg) **Canada:** Dearer at £14 spot; £13.70, cif. **Copaiba:** £2.50 spot; no cif. **Peru:** £8.80, spot; £8.70, cif. **Tolu:** £5.40 spot.

Benzoin: £163 spot; £162, cwt cif. Both nominal.

Cascara: £910 metric ton spot; £890, cif.

Cherry bark: £1,200 metric ton spot; £1,180, cif.

Cinnamon: Seychelles bark £480 metric ton spot; £400, cif. Ceylon quills 4 o's £0.64 lb; and featherings £0.18 lb, both cif.

Dandelion: Spot £1,710 metric ton spot; £1,680, cif.

Ergot: Portuguese-Spanish £1.90 spot; £1.85, cif.

Gentian: Root £1,680 metric ton spot; £1,660, cif.

Hydrastis: spot £11.30 kg; forward £11, cif.

Ipecacuanha: (kg) No spot; £9.95, cif nominal.

Jalap: No offers.

Kola nuts: £520 metric ton spot; £420, cif.

Lemon peel: Unextracted, £1,220 metric ton spot; shipment £1,200 cif.

Liquorice root: Russian £400 spot; £390, metric ton cif. Block juice £1.35-£1.75 kg spot; spray dried £1.50-£1.60 kg.

Menthol: (kg) Brazilian £8, spot; £7, cif. Chinese £7.65 duty paid, £6.30, cif.

Pepper: (metric ton) Sarawak black £1,085 spot, £1,900, cif; white £1,625, spot; £2,875, cif.

Seeds: (metric ton, cif. **Anise:** China £830, for Shipment. **Celery:** Indian £510, cif. **Coriander:** Moroccan £210. **Cumin:** Turkish £1,200; Iranian £1,400; Egyptian nominal. **Fennel:** Indian £520. **Fenugreek:** Moroccan £235.

Senega: Canadian £10.30 kg spot; £10 cif.

Styrax: Crude £4.25 kg cif.

Turmeric: (metric ton) Indian powder £900 metric ton, cif.

Witchhazel leaves: £2.40 kg spot; no cif.

Essential and expressed oils

Anise: (kg) Spot £14.70; shipment £15, cif.

Almond: Sweet in drum lots £1.25 kg duty paid.

Bay: West Indian £11.20 kg spot; £10.55, cif.

Bois de rose: Spot £6.50 kg; shipment £6.25, cif.

Buchu: South African £120 per kg spot; English distilled £190.

Cade: Spanish £1.25 kg.

Camphor white: £0.87 kg spot; £0.82, cif.

Cananga: Indonesian £17.50 kg spot; £16.50, cif.

Caraway: Imported £20 kg spot.

Cardamom: English-distilled £270 kg.

Cassia: Spot nominally £36.50 kg; shipment £34.50, cif. English distilled from bark £160.

Cedarwood: Chinese £1.50 kg spot; £1.21 cif.

Celery: English distilled £40 kg.

Cinnamon: Ceylon leaf £2.85 kg spot; £2.50, cif. Bark, English-distilled £150.

Citronella: Ceylon £1.80 kg spot; £1.65, cif; Chinese £2.52 spot and cif.

Clove: Indonesian leaf, £2.65 kg spot; £2.50, cif; English-distilled £40.

Lemongrass: Cochiti £5.25 kg spot; £4.75, cif.

Mandarin: £18.50 kg spot.

Nutmeg: East Indian £9.75 kg spot; £9.25, cif.

Olive: Spanish £1,295 per metric ton in 200-kg drums ex-wharf; Mediterranean origin £1,285;

Orange: Florida and Brazilian in short supply.

Origanum: Spanish 70 per cent £17 kg nominal.

Palmarosa: No spot offers; £13.25 kg, cif.

Patchouli: Chinese £11 kg spot; £10.50, cif.

Pennyroyal: From £10.50 per kg spot.

Pepper: English-distilled ex-black £125 kg.

Peppermint: (kg) Arvensis—Brazilian £4 spot; £3.80, cif. Chinese £3.85, spot; £3.78, cif. Piperata American about £16 cif.

Rosemary: £6 kg spot.

Sandalwood: Mysore £80 kg. East Indian £70.

Sassafras: Brazilian £2.05 kg spot; £1.75, cif.

The prices given are those obtained by importers or manufacturers for bulk quantities and do not include value added tax. They represent the last quoted or accepted prices as we go to press.

COMING EVENTS

Monday, November 13

Enfield Pharmacists' Association, Postgraduate medical centre, Chase Farm Hospital, Enfield, at 8 pm. Sister Sharpe (sister in charge of a drug dependency clinic) on "The problems of rehabilitating addicts."

Nottingham Branch, Pharmaceutical Society, Postgraduate medical centre, City Hospital, Hucknall Road, at 8 pm. Dr R. P. Burden (consultant physician, City Hospital) on "The problems of home dialysis."

Tuesday, November 14

Bristol Branch, Pharmaceutical Society, Edward Jenner Centre, Bristol Royal Infirmary, at 8 pm. An audio-visual presentation of the work of the Wessex Water Authority.

Galen Group, Croydon, Friends' Meeting House, Park Lane, Croydon, at 8 pm. E. Marjorie Vinall on "London customs and ceremonies."

Lanarkshire Branch, Pharmaceutical Society, Nurses recreation hall, Strathclyde Hospital, Motherwell, at 8 pm. Dr John McVie (senior lecturer, clinical oncology, Glasgow University) on "Modern cancer therapy."

Leicestershire Branches Pharmaceutical Society, and National Pharmaceutical Association, Postgraduate medical centre, Royal Infirmary, Leicester at 8 pm. Mr A. J. Smith (chief executive, Pharmaceutical Services Negotiating Committee) on "The future of pharmacy."

Northumbrian Branch, Pharmaceutical Society, Imperial Hotel, Jesmond Road, Newcastle, at 8 pm. Mr D. Pain (principal engineer, Kielder) on "The Kielder reservoir scheme."

Slough Branch, Pharmaceutical Society, Wexham Park Hospital, Slough, at 7.30 pm. Buffet and branch resolutions followed by Mr M. Bewick on "Kidney transplant and rejection problems."

South-east Metropolitan Branch, Pharmaceutical Society, Robens suite, Guy's Hospital Tower, SE1. Working dinner. Guest speaker, Dr Stephen Smith (member of Pharmaceutical Society's Council).

South-west Metropolitan and Epsom Branches, Pharmaceutical Society, St Helier Hospital, postgraduate medical centre, at 8 pm. "Drugs used in psychiatry," sponsored by Searle Laboratories.

Thursday, November 16

Crawley, Horsham & Reigate Branch, Pharmaceutical Society, Queen Victoria Hospital, East Grinstead, at 8 pm. Mr P. Davenport, FRCP, on "The specialised work of the burns unit, East Grinstead."

Fife and Dundee Branches, Pharmaceutical Society, Royal Hotel, Cupar, at 7.45 pm. Professor M. Brown (department of pharmacy, University of Aston) on "Pre-registration experience—fitness to practice."

Liverpool, Birkenhead, St Helens, Southport, Wallasey and Warrington Branches, National Pharmaceutical Association, Adelphi Hotel, Liverpool, at 8 pm. Mr Arthur Trotman (managing director, Independent Chemists' Marketing Ltd) on "Recent developments in wholesaler services to NPA members."

Northern Scottish Branch, Pharmaceutical Society, Postgraduate centre, Raymore Hospital, at 7.45 pm. Audio visual course. "The neuropharmacology of depression" and "The safety of modern drugs."

Pharmaceutical Society and British Society for the History of Pharmacy, Pharmaceutical Society, 1 Lambeth High Street, London SE1, at 7 pm. W. A. Smeaton (department of history & philosophy of science, University College London) on "Pharmacy in revolutionary and Napoleonic Paris 1789-1815."

Worthing & West Sussex Branch, Pharmaceutical Society, Beach Hotel, Marine Parade, Worthing. Professor A. Beckett on "The problem of dope in society and sport."

Advance information

Medicine and the law, Conference on negligence claims, liabilities and damages, now and in the future. December 15, Carlton Tower Hotel, London SW1, at 9.30 am. Further information from and applications (£75.60) to Legal Studies & Services Ltd, Norwich House, Norwich Street, London EC4.

First Eino Nelson Memorial Conference on oral absorption of drugs, December 10-12, The Bahamas. Further details from John Sewell, Flatteau Communications, Drayton House, 30 Gordon Street, London WC1.

One-day symposium on home medicines, December 7, Pharmaceutical Society, 1 Lambeth High Street, London SE1. Organised by Association of Medical Advisers in the Pharmaceutical Industry. Applications (AMAPI members £12.96, non-members £15.12) to Mrs J. Wase-Bailey, AMAPI secretariat, 41 Queen's Gate, London SW7.

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The office of the Company will be situated in London but the General Manager will be expected to travel extensively.

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